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INTRODUCTION

A. Program Purpose

1. Mission

The Montana Breast and Cervical Health Program (MBCHP) is a program implemented by the Montana Department of Public Health and Human Services (MDPHHS).

The mission of the MBCHP is to reduce breast and cervical cancer morbidity and mortality among Montana women by providing ongoing quality screening services and education in a manner that is appropriate, accessible, cost-effective, and sensitive to women's needs.

2. Program Background

In October 1993, the MDPHHS received a capacity-building grant from the Centers for Disease Control and Prevention (CDC) in order to form and develop the MBCHP.

In its capacity-building phase, the MBCHP-initiated local projects in six Montana communities. For the administration of these projects, the MBCHP contracted with the health departments of Cascade, Flathead, Lewis and Clark, Missoula, Silver Bow, and Yellowstone counties. (These projects are now referred to as administrative sites.)

Under the capacity-building grant, the goals of the local projects were to:

Goal 1—establish local coalitions of health care professionals, interested community members, and members of the target population of low-income, uninsured or underinsured, minority, and older women (hereafter referred to as the target population).

Goal 2—perform a community-specific needs assessment to identify barriers to breast and cervical cancer screening.

Goal 3—develop a local plan to overcome or reduce those barriers.

Goal 4—determine whether existing breast and cervical health services were meeting the community's needs.

3. Service Delivery

In September 1996, the MDPHHS was awarded a comprehensive screening grant from the CDC. This grant enabled the MBCHP to focus on the delivery of comprehensive breast and cervical cancer screening services.

In September 1999, the MBCHP increased the number of administrative sites from 6 to 13. This provides clinical services to women statewide and emphasizes recruitment and screening of American Indian women.

The MBCHP's service delivery goals are to:

Goal 1—increase the number of Montana women who regularly receive screening for breast and cervical cancer.

Goal 2—develop a culturally sensitive, statewide public education program that promotes early detection of breast and cervical cancer through regular screening and that targets women who are low-income, uninsured or underinsured, minority, and 50 through 64 years of age.

Goal 3—ensure that all women screened through the MBCHP receive appropriate and timely follow-up and treatment.

Goal 4—assess the continuing education needs of health professionals relative to breast and cervical cancer screening and offer educational opportunities to increase the professionals' skills and knowledge.

Goal 5—monitor trends in breast and cervical cancer precursors, incidence, mortality, and screening rates for Montana women.

Goal 6—through public and professional education, improve the knowledge, attitudes, and practices related to breast and cervical cancer screening in the target population.

Goal 7—ensure that high quality methods and procedures are utilized in all screening activities.

Goal 8—collect and analyze data to evaluate the components of the MBCHP.

In 1999, the CDC conducted a careful review of the scientific literature, professional organization guidelines related to cervical cancer, and national data on Pap screening outcomes. In consultation with an external work group comprised of clinical experts, epidemiologists, program directors, researchers, and public health practitioners, the CDC developed an additional policy regarding cervical screening. The policy is not intended to be a set of clinical guidelines for the general U.S. population, but rather to provide programmatic and reimbursement guidance for the MBCHP.

In response to the CDC's policy on cervical screening, the MBCHP has expanded its service delivery goals to include:

Goal 9—increase screening for MBCHP-eligible women who have never been screened or who have been rarely screened.¹

Goal 10—decrease over-screening among MBCHP clients.

In response to the Montana law that provides for a new Medicaid eligibility group that will receive basic Medicaid benefits through the Montana Breast and Cervical Cancer Treatment Program (MBCCTP), the MBCHP has expanded its service delivery goals to include:

Goal 11—facilitate referral to the MBCCTP if necessary.

B. Program Need

1. Breast Cancer Screening

The primary purpose of breast cancer screening is to reduce mortality through detection of breast cancer at an early stage. The statistics make clear the need for screening and early detection. Breast cancer is the most commonly diagnosed cancer in Montana women. In 2006, it is estimated that 620 new cases of breast cancer will be detected in Montana women and that 120 women will die of the disease (American Cancer Society, 2006).

The need is even more pronounced among Montana's American Indians. Data for women diagnosed in 1996–2005 show that American Indian women are younger than whites when first diagnosed or treated for breast cancer, and their survival rates are lower. The 5-year survival rate in Montana for American Indians diagnosed with localized² breast cancer is 86 percent compared to 98 percent for whites diagnosed at the same stage (Montana Central Tumor Registry, 2007).

Statistics also make clear the value of mammography, which can identify cancerous breast abnormalities at an early stage—before physical symptoms develop—and thus improve survival rates. Mammography screening has contributed to the increase in 5-year survival rates for localized breast cancer from 72 percent in the 1940s to 98 percent today. Moreover, current survival rates are much lower than 98 percent if the cancer is not detected early on—87 percent if detected at the regionalized stage³ and only 22 percent if detected with distant metastases⁴ (Montana Central Tumor Registry, 2007).

¹ Never- and rarely-screened women are defined as women who have never had a Pap test or who have not had a Pap test within the past 5 years.

² Localized refers to a neoplasm which appears entirely confined to the organ of origin.

³ Regionalized refers to a neoplasm which has spread to immediately adjacent organs or tissues by direct extension, or has metastasized to regional lymph nodes.

⁴ Distant metastases refers to a neoplasm which has spread beyond adjacent organs or tissues by direct extension, has developed secondary metastatic tumors, has metastasized to distant lymph nodes, or has been determined to be systemic in origin.

2. Cervical Cancer Screening

The primary purpose of cervical cancer screening is to identify and treat pre-cancerous cervical lesions, and to detect and treat cervical cancer at an early stage. Detection and treatment of pre-cancerous cervical lesions identified by a Pap test can prevent cervical cancer. And early detection is critical to improving the survival rate of women diagnosed with cervical cancer.

In Montana, from 1985 to 2005, invasive cervical cancer rates have dropped dramatically from 10.0 cases per 100,000 women to 6.7 per 100,000 for white women (Montana Central Tumor Registry, 2007). This reduction is attributed to the widespread use of routine Pap smear screening, which identifies an abnormality in its precancerous condition and allows for early treatment.

Five-year survival rates also make clear the need for screening to detect cervical cancer in its early stages. In Montana, the overall 5-year survival rate for women diagnosed with cervical cancer is 72 percent. When the cancer is diagnosed at the localized stage, the survival rate jumps up to 90 percent (Montana Central Tumor Registry, 2007).

In 2006, it is estimated that 35 new cervical cancer cases will be detected in Montana women (American Cancer Society, 2006). American Indians—comprising 6 to 8 percent of Montana’s population—have cervical cancer rates slightly lower than the white population.

C. Authorizing Legislation

Public Law 101-354, the Breast and Cervical Cancer Mortality Prevention Act of 1990, is the authorizing legislation for the MBCHP.

Section 53-6-131, MCA, Montana Breast and Cervical Cancer Treatment Program, is the authorizing legislation for the MBCCTP.

D. Responsible Entity Key

Beginning in Chapter 2-2 you will see the symbols “□ ♦ ❖” embedded within the text of the manual. The symbols relate to the “Responsible Entity Key” located at the bottom of each odd numbered page:

□State ♦Administrative Site ❖Enrolled Medical Service Provider

The symbols are included to assist you in identifying your areas of responsibility.

2 ADMINISTRATIVE SITES

A. General Description

Administrative sites are responsible for implementing the Montana Breast and Cervical Health Program (MBCHP) in a multi-county area. Together with enrolled medical service providers, administrative sites provide a comprehensive breast and cervical cancer screening program that serves women in the MBCHP target population (see Chapter 4, Part B). Of special concern within the target population are women in rural areas who, without the MBCHP, would not have convenient access to screening services.

Administrative sites are responsible for facilitating and coordinating all client services described in Chapter 4 of this manual, and for providing the following services:

- enroll and maintain a network of medical service providers
- provide screening support activities
- develop and maintain local coalitions and partnerships
- implement a multi-county public and professional education program
- report to and communicate with the MBCHP state office
- case management, including referral to the Montana Breast and Cervical Cancer Treatment Program (MBCCTP) if necessary
- collaborate with the subcontractors on behalf of MBCHP eligible women

Administrative sites are also responsible for screening support, eligibility and enrollment, 1:1 outreach, and education services are provided to the target population of American Indian women. Together with the subcontractors, local grassroots coalitions, and the statewide Montana American Indian Women's Health Coalition (MAIWHC), administrative sites enhance the American Indian Screening Initiative to increase the number of eligible MBCHP American Indian women seeking screening.

B. Enrolled Medical Service Provider Networks

Administrative sites will solicit and enroll in the MBCHP all interested medical service providers in their geographic areas.

1. Eligibility

The types of medical service providers eligible for enrollment are:

- any licensed qualified health department
- community health centers
- non-profit health centers
- other health care facilities, clinics and surgical facilities
- individual providers (physicians, surgeons, obstetric-gynecological specialists, cytologists and cytology laboratories, radiologists and radiology facilities, and mid-level providers)
- naturopathic physicians

To be eligible for enrollment, medical service providers must meet all the following criteria:

- be licensed in the state of Montana
- have the required insurance
- meet the certification requirements of the Health Care Financing Administration Clinical Laboratory Improvement Act of 1988 and the Food and Drug Administration's Mammography Quality Standards Act of 1992, if applicable to the services provided

2. Enrollment

Administrative sites will act as a liaison between the MBCHP and the enrolled medical service providers in their geographic areas. Administrative sites will be responsible for answering providers' questions about client and program issues. Administrative sites will conduct an orientation for enrolled medical service providers and submit a signed and completed Provider Enrollment Packet to the address noted on the Provider Enrollment Application.

Each enrolled medical service provider will be required to:

- a. complete and sign a Provider Enrollment Application (see Appendix H, "MBCHP Provider Enrollment Application").
- b. submit the necessary certificates and forms with the enrollment packet:
 - Certificate of Assurances: Non-Construction Programs (standard form 424BCRev 7-97)
 - Montana Department of Health and Human Services Certificate of Compliance
 - Disclosure of Lobbying Activities (if applicable)
 - W-9
- c. attend an orientation session provided through the MBCHP administrative site.
 - Orientation programs will be provided at the enrolled medical service provider's office whenever possible in order to facilitate participation by the enrolled medical service provider and their staff.

C. Screening Support Activities¹

Administrative sites must:

- a. provide the following screening support services to all MBCHP clients:
 - client intake and eligibility determination ♦
 - client referral to a list of enrolled medical service providers ♦
 - one-to-one client outreach and education ♦
 - client counseling related to screening, diagnostic, and treatment services ♦

¹ See Appendix I for a definition of screening activities.

- client tracking and follow-up of all test results including abnormal test results ♦
 - client transportation to appointments and/or facilities if needed ♦
- b. meet an annual screening and re-screening goal for all eligible women enrolled in the MBCHP. ♦
- c. ensure that at least 20 percent of MBCHP clients are women who, at the time of MBCHP enrollment, have never been screened or who have not had a Pap test within the past 5 years. ♦
- To assist in achieving this goal, the MBCHP state office will report to administrative sites, on a site-by-site and quarterly basis, the number and percent of MBCHP clients who (1) report no prior Pap test, (2) report no Pap test within 5 years of the initial screen, or (3) have provided no information regarding prior Pap tests. ♦
- d. ensure that not more than 25 percent of all MBCHP clients who have three consecutive normal Pap test results within a 5-year (60-month) period receive a fourth Pap test paid for by the MBCHP.
- To assist in achieving this goal, the MBCHP state office will report women who have had three consecutive, normal Pap tests within 60 months to administrative sites on a quarterly basis. ♦
- e. ensure that the MBCHP is the payer of last resort. Sites must refer women who are not eligible for the MBCHP to other privately or publicly funded programs and, if clients are 65 years of age or older, provide them with an explanation of Medicare coverage and encourage and assist with enrollment (see Chapter 4, Part A-3). ♦
- f. ensure that enrolled medical service providers follow:
- the Centers for Disease Control and Prevention (CDC) guidelines for comprehensive cancer screening.
 - the screening algorithms outlined in the MBCHP Policy and Procedure Manual (see Appendix C). ♦
- g. act as a liaison with enrolled medical service providers to ensure that referral, tracking and follow-up, and case management of all women is complete and that the screening guidelines are followed including referral to the MBCCTP if necessary (see Chapter 4 and Chapter 7). ♦
- h. maintain a tracking and follow-up system to ensure that clients are notified of all test results, obtain appropriate diagnostic tests and follow-up care, and receive reminders for annual and/or short-term follow-up rescreening. (See Chapter 6, Part B-5 for the CDC-required timeframes for follow-up of abnormal test results.) ♦

- i. maintain complete documentation of patient eligibility, screening, and follow-up services on the MBCHP data collection forms² (see Appendix B). ♦

D. Local Coalitions and Partnerships

Administrative sites must:

- a. establish and maintain partnerships and working agreements with other health care service agencies in their geographic areas. ♦
- b. develop and maintain local coalitions, with representation from the private and public sector, to support the MBCHP. (Possible members could include: American Cancer Society, Young Women's Christian Association, American Association of Retired Persons, breast and cervical cancer survivors, local women's groups, MBCHP consumers, MAIWHC members, and community leaders.) ♦♦
- c. assist in seeking funding sources for clients who need additional diagnostic and treatment services that are not reimbursed by the MBCHP or MBCCTP. (MBCHP funding is limited to those services listed on the MBCHP Website (www.cancer.mt.gov) under Reimbursement/Fee Schedule.) ♦
- d. document coalition meetings in the Quarterly Report (see Appendix A). ♦
- e. ask one coalition member from each multi-county area to serve on the statewide Comprehensive Cancer Coalition. ♦

E. Multi-County Public and Professional Education Programs³

Administrative sites must:

- a. work with established statewide partners, the MBCHP Health Educator, MBCHP American Indian Screening Coordinator, Montana American Indian Women's Health Coalition (MAIWHC), and the Montana Department of Health and Human Services (MDPHHS) to maintain a statewide public education and outreach program. ♦
- b. participate in the implementation of public and professional education activities, including client and provider assessments initiated by the MBCHP state office. ♦
- c. develop and implement a local public and professional education plan with assistance from the MBCHP state office. ♦

F. MBCHP Reporting and Communication

Administrative sites must:

- a. submit Quarterly Reports (see Appendix A) to the MBCHP state office by: October 10, January 10, April 10, and July 10. ♦

² See Appendix B for a definition of data collection forms.

³ See Chapter 5 for a description of public and professional education programs.

- b. submit clinical data to the MBCHP state office using MBCHP data collection forms (see Appendix B), ensuring that the forms are complete and signed by the enrolled medical service provider. Fax these forms to the MBCHP state office at [1-877-764-7575] or sites local to Helena (406-444-7465). (Administrative sites will be reimbursed quarterly upon receipt of complete and accurate data collection forms.) ♦
- c. submit case management forms (as needed) to the state office (see Chapter 7, Part B-2). ♦
- d. participate in all program evaluation activities. ♦
- e. name an individual to be the liaison with the MBCHP state office and with enrolled medical service providers in the site's multi-county area. ♦
- f. provide documentation of matching funds on the Quarterly Report (appendix A). Matching funds include: donated rent, administrative or indirect charges, volunteer time, staff time, communication expenses, and computer access. Other non-federal funds that may be documented include: community funds, indigent funds, United Way contributions, local grants, treatment funds, or other non-federal funding available for breast and cervical cancer screening or health education. ♦

G. Record Maintenance

The administrative site is responsible for keeping a client file for every MBCHP client. The file must:

- a. include a signed and dated "Informed Consent and Authorization to Disclose Health Care Information" form and must be maintained in accordance with accepted medical standards. ♦
- b. contain MBCHP data collection forms that are signed and dated by the medical service provider, including their title. ♦
- c. contain documentation of all telephone conversations related to MBCHP services. ♦
- d. be comprehensive, concise, and systematically organized to facilitate retrieval and compilation of information. ♦
- e. be treated as confidential, secured by lock when not in use, and in all respects safeguarded against loss or use by unauthorized persons. ♦
- f. be made available to an MBCHP client upon written request by the client and within 24 to 48 hours of receiving the request. ♦

- g. be shared with the medical service provider who accepts a referral for additional diagnostic tests. ♦
- h. be made available to MBCHP staff requesting the file for quality assurance monitoring. ♦
- i. be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations, if applicable. ♦

H. Record Retention

To comply with MBCHP record retention and audit requirements, administrative sites must:

- a. retain all client records, client refusals of service, and data collection forms for all MBCHP clients for a period of not less than 5 years from the date of the last entry made in the client record. ♦
- b. retain all financial records related to MBCHP services, supporting documents, and other pertinent records for a period of 3 years. ♦
- c. participate in reviews and audits of client files, which may be conducted at any reasonable time by state personnel or other persons authorized by the MDPHHS. These reviews may include: ♦
 - review of client records.
 - review of administrative site policy and procedural issues.
 - meetings with administrative site staff involved in the provision of services.

3 ENROLLED MEDICAL SERVICE PROVIDERS

A. General Description

The Montana Breast and Cervical Health Program (MBCHP) was created through a cooperative agreement between the Montana Department of Public Health and Human Services (MDPHHS) and the Centers for Disease Control and Prevention (CDC). The mandate of the agreement is to support a statewide comprehensive breast and cervical cancer screening and early detection program. The target population of the MBCHP includes women who are 50 through 64 years of age for breast cancer screening and 35 through 64 for cervical cancer screening, who are uninsured or underinsured, and have a family gross income at or below 200 percent of the current Federal Poverty Level scale.

An enrolled medical service provider's role is to provide direct clinical screening services to MBCHP clients and to complete the MBCHP data collection forms.¹ The basic components of breast and cervical cancer screening include:

- clinical breast exam
- education on performing a breast self-exam
- bimanual pelvic examination
- Pap test
- referral for mammography
- referral for diagnostic procedures in the case of an abnormal cervical or breast test result
- notification of all test results to the client
- referral to the MBCHP for case management if necessary
- referral to the Montana Breast and Cervical Cancer Treatment Program (MBCCTP) if necessary

For more information on client services, see Chapter 4.

B. Medical Service Provider Enrollment

1. Eligibility

The types of medical service providers eligible for enrollment are:

- any licensed qualified health department
- community health centers
- non-profit health centers
- other health care facilities and clinics
- individual providers
- laboratories
- radiology facilities
- naturopathic physicians

¹ See Appendix I for a definition of data collection forms.

To be eligible for enrollment, medical service providers must meet all the following criteria:

- be licensed in the state of Montana
- have the required insurance
- meet the certification requirements of the Health Care Financing Administration Clinical Laboratory Improvement Act of 1988 (HCFA CLIA [1988]) and the Food and Drug Administration's Mammography Quality Standards Act of 1992 (FDA's MQSA [1992]), if applicable to the services provided

2. Enrollment

Representatives of the MBCHP administrative sites will act as a liaison between the MBCHP and the enrolled medical service providers in each multi-county area. All enrolled medical service providers may use this local contact to address client and program issues.

To enroll in the MBCHP, contact:

- the administrative site in the appropriate geographic area
- the MBCHP state office
- Montana Medical Billing in Helena (Provider Assistance at 1-888-227-7065)

During enrollment, each enrolled medical service provider will be required to:

- a. complete and sign a Provider Enrollment Application (see Appendix H).
- b. submit the necessary certificates and forms with the enrollment packet:
 - Certificate of Assurances: Non-Construction Programs (standard form 424BCRev 7-97)
 - MDPHHS Certificate of Compliance
 - Disclosure of Lobbying Activities (if applicable)
 - W-9
- c. attend an orientation session provided through an MBCHP administrative site.

C. Scope of Services: Service Requirements

1. General Description

The services for which enrolled medical service providers will be reimbursed include an office visit for the purpose of:

- client education
- obtaining a health history
- determining appropriate referral services
- performing a risk assessment
- performing a clinical breast exam
- performing a bimanual pelvic exam
- obtaining a specimen for cervical cancer diagnosis

Enrolled medical service providers include those who provide consulting services for diagnostic procedures. MBCHP defines a consultation as a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another enrolled medical service provider.

All enrolled medical service providers will refer to the American Medical Association current procedural terminology (CPT) manual, which further defines each service code and the level of responsibility and appropriateness for breast and cervical cancer screening and detection.

Medical service providers must be enrolled with the MBCHP to provide screening services and receive reimbursement from the MBCHP.

2. All Enrolled Medical Service Providers

All enrolled medical service providers agree to:

- a. obtain consent from MBCHP clients prior to releasing screening results to the MBCHP; the consent must meet the requirements of Section 50-16-526, Montana Code Annotated.
- b. follow the algorithms, guidelines, and conditions outlined in the MBCHP Policy and Procedure Manual. (see Appendix C)
- c. attend at least one program orientation provided by the MBCHP regarding the breast and cervical cancer screening program before providing screening services.
 - Orientation programs will be provided at the enrolled medical service provider's office whenever possible in order to facilitate participation by the enrolled medical service provider and their staff.
- d. ensure that all members of their staff who provide MBCHP services have current knowledge of the latest breast and cervical cancer screening techniques and recommendations.
- e. ensure that all delegated services or tasks associated with the performance of their agreement with the MBCHP are in accordance with the guidelines outlined in the MBCHP Policy and Procedure Manual.
- f. provide the MBCHP, upon request, information needed to correct, complete, or clarify the MBCHP data collection forms, reports, or claims.
- g. provide referral to the MBCCTP if necessary.

3. All Primary Health Care Providers

All primary health care providers must provide the services in Part C-2 above and in addition must:

- a. provide an office visit annually or as indicated, including a brief medical history, bimanual pelvic exam, Pap smear (if indicated), clinical breast exam, and client education regarding a monthly breast self-exam and the importance of regular breast and cervical cancer screening, in accordance with the MBCHP Policy and Procedure Manual.
- b. provide referral for a screening mammogram based on guidelines described in the MBCHP Policy and Procedure Manual.
- c. notify the client of both normal and abnormal screening results within 10 working days after receiving screening results.
- d. work with the MBCHP administrative site to ensure that all screening participants are notified of the need for rescreening (i.e., mammograms, Pap smears, and clinical breast exams) in a timely manner.
- e. notify the administrative site within 10 working days after receiving screening results for an MBCHP client by forwarding the MBCHP data collection forms.
- f. ensure that the following diagnostic services are provided to MBCHP clients, if indicated by abnormal screening test results:
 - repeat office visit(s), repeat Pap smear, colposcopy directed biopsy, or referral for these services
 - repeat clinical breast exam, referral for diagnostic mammogram, ultrasound, fine needle aspiration, or other diagnostic procedures reimbursed by the MBCHP
- g. assist the MBCHP administrative site to identify and access resources available for additional diagnosis, follow-up, and treatment and make referrals to the MBCCTP for MBCHP clients whose clinical findings indicate treatment is needed.
- h. report all clinical screening test results to the administrative site on the MBCHP data collection forms.
 - The forms must be received within the timelines set by the administrative site.
 - The forms must be complete, accurate, and signed by the enrolled medical service provider.
- i. ensure that all cytology and/or tissue specimens will be submitted to laboratories that are certified and in compliance with the HCFA's CLIA (1988), and ensure that laboratories report all Pap test results using the current Bethesda System for cervical cancer screening. (In order to determine if a laboratory is CLIA-certified, contact the MDPHHS's Certification Bureau at 406-444-1451.)

- j. ensure that all referrals for mammography will be made only to radiology facilities that are fully accredited under the FDA's MQSA (1992).
 - The enrolled medical service provider must ensure that all mammography results are reported using the second edition of the American College of Radiology (ACR) Breast Imaging and Reporting Data System (BI-RADS), 2nd edition.

4. Radiology Providers

All radiology facility providers must provide the services in Part C-2 above and in addition must:

- a. provide the result(s) to the primary care provider or referring medical specialist using the ACR BI-RADS within 10 working days after interpreting and/or receiving the result(s) of the procedures provided for MBCHP clients.
- b. provide documentation that the facility is currently certified as meeting the provisions of the FDA's MQSA (1992) upon enrollment.

5. Laboratory Service Providers

All laboratory service providers must provide the services in Part C-2 above and in addition must:

- a. interpret cytology and/or tissue specimens from MBCHP clients that are submitted by MBCHP enrolled medical service providers.
- b. provide the result(s) using the Bethesda System to the enrolled medical service provider, along with recommendations for further follow-up and/or treatment, within 10 working days.
- c. provide documentation that the laboratory is in compliance with the HCFA's CLIA (1988) upon enrollment.

6. Consulting Specialists

MBCHP defines a consultation as a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another enrolled medical service provider. All consulting specialists must provide the services in Part C-2 and Part C-3 (with the exception of C-3.b) above and in addition must:

- a. notify the client's primary care provider of test result(s), along with recommendations for further follow-up and/or treatment, within 10 working days after interpreting and/or receiving the results.
- b. notify the MBCHP administrative site of the above result(s) on the MBCHP data collection forms for abnormal breast and/or cervical screening results, or notify the client's primary health care provider of the result(s). The primary health care provider will then record the result(s) on the MBCHP data collection forms.

7. Anesthesiology Specialists

All anesthesiology specialists must provide the MBCHP, upon request, information needed to correct, complete, or clarify the MBCHP claims.

8. Surgical Facilities

All surgical facilities must provide the services in Part C-2 above.

D. Data Collection Forms

For instructions on how to complete MBCHP data collection forms. (see Appendix B)

E. Record Maintenance and Retention

1. Record Maintenance

Enrolled medical service providers must establish a medical file² for every MBCHP client. Each file must:

- a. include a signed and dated “Informed Consent and Authorization to Disclose Health Care Information” (see Appendix B) and must be maintained in accordance with accepted medical standards.
- b. contain medical entries that are each signed and dated by the clinician making the entry and that include the clinician’s title.
- c. contain documentation of all telephone conversations of a medical nature.
- d. be comprehensive, concise, and systematically organized to facilitate retrieval and compilation of information.
- e. be treated as confidential, secured by lock when not in use, and in all respects safeguarded against loss or use by unauthorized persons.
- f. be made available to an MBCHP client upon written request by the client and within 24 to 48 hours of receiving the request.
- g. be shared freely with the medical service provider who accepts a referral for additional diagnostic tests.
- h. be made available to MBCHP staff requesting the file for quality assurance monitoring.
- i. be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations, if applicable.

² The term “medical file” refers to records kept in the enrolled medical service provider’s office. “Client record” refers to the MBCHP data collection forms and supporting documentation.

2. Record Retention

To comply with MBCHP record retention and audit requirements, all enrolled medical service providers must:

- a. retain all records, documents, and correspondence relative to an MBCHP client for a period of not less than 5 years from the date of the last entry made in the client's medical file.
- b. retain all financial records, supporting documents, statistical records, and other pertinent records for a period of 3 years, or until an audit has been completed and questions resolved, whichever is later.
- c. participate in reviews and audits of the records and documents related to MBCHP clients, which may be conducted at any reasonable time by state personnel or other persons duly authorized by the MDPHHS. The reviews may include:
 - meetings with consumers
 - review of medical records
 - review of policies and procedures
 - meetings with any staff directly or indirectly involved in the provision of services

F. Claims and Reimbursement

1. General Requirements

In order to receive payment for providing comprehensive screening services to MBCHP clients, a medical service provider must:

- a. be enrolled as an MBCHP medical service provider.
- b. accept MBCHP reimbursement or a combination of other party payment and MBCHP funds as payment in full for the allowed services. The total reimbursement to an enrolled medical service provider will not exceed the allowable Medicare reimbursement rate.
- c. refrain from charging an MBCHP client for any breast and cervical screening services allowed through the MBCHP.
- d. complete all MBCHP data collection forms and submit them to the administrative site (see Appendix B).
- e. submit claims to Montana Medical Billing (see Appendix E).

The sequence of events for claims and reimbursement is as follows:

- Enrolled medical service providers send all claims to Montana Medical Billing (see Appendix E). All claims should be made on HCFA-1500 (12/90 version), or on UB-92 forms. Claims may be submitted electronically on HCFA-1500 forms only.

- Montana Medical Billing reviews all claims and designates reimbursement as either “pending,” “approved,” or “denied.” Reimbursement is issued to medical service providers upon receipt of valid claims made on behalf of eligible MBCHP women. Enrolled medical service providers receive an explanation of benefits for each claim.

2. MBCHP as Payer of Last Resort

The MBCHP is the payer of last resort. The enrolled medical service provider must determine whether a client is covered for the breast and cervical cancer services provided completely or partially by any other sources. If the client is covered by other sources, providers must collect payment from these other sources before requesting reimbursement from the MBCHP.

Other sources of payment may include, but are not limited to:

- private insurance
- Medicare (see eligibility guidelines for Medicare Part B recipients.)
- Medicaid Title X Family Planning
- other private or public funded programs

Note: Through a Memorandum of Understanding with the Billings Area Indian Health Service (IHS) and with tribal health units, the MBCHP will reimburse enrolled medical service providers for procedures outlined on MBCHP Reimbursement/Fee Schedule.

G. Service Restrictions

For all questions concerning medical service provider enrollment and medical service claims and reimbursement. In addition, please note the following service restrictions:

- a. MBCHP funds may be used to reimburse enrolled medical service providers for allowed procedures only.
- b. Enrolled medical service providers may submit claims for usual and customary charges for each of the allowable CPT codes. The MBCHP will only reimburse at the allowable rate.
- c. Any claim submitted for unallowable services will be denied.

4 CLIENT SERVICES

A. General Description

1. Covered Services

All eligible women enrolled in the Montana Breast and Cervical Health Program (MBCHP) shall receive the following comprehensive screening services for breast and cervical cancer, annually or as indicated:

- clinical breast exam
- verbal and/or written instruction on how to do a breast self-exam
- bimanual pelvic examination
- Pap test, if indicated
- referral for a screening or diagnostic mammogram
- diagnostic services including biopsy
- referral to the Montana Breast and Cervical Cancer Treatment Program (MBCCTP) if necessary

See Appendix H for a complete list of screening and diagnostic procedures and reimbursement rates.

Please note that MBCHP funds may not be used for treatment services.

2. Enrollment and Screening Steps

- a. Determine whether a woman is eligible for services, either by telephone or an in-person interview. ♦❖
- b. Complete MBCHP enrollment forms, paying particular attention to the following: ♦❖
 - Ensure that each client answers the enrollment question about whether she has ever had a Pap test and the date of the last Pap test.¹ ♦❖
 - Ensure that each client signs an “Informed Consent and Authorization to Disclose Health Care Information.” This form must be signed before any services can be provided. ♦❖
- c. Determine which screening services a client needs. ♦❖
- d. Perform appropriate screening and refer the client for diagnostic tests in accordance with the algorithms approved by the MBCHP (see Appendix C). Diagnostic tests will be eligible for MBCHP reimbursement only if recommended and referred by an enrolled medical service provider. ❖

¹ Data on prior Pap tests is needed in order to meet the MBCHP goal to increase cervical screening for MBCHP-eligible women who have never been screened or have not been screened within the past 5 years.

- e. Notify all clients of all test results. ❖
- f. If results are abnormal, conduct appropriate tracking and follow-up (see Part D, “Tracking and Follow-up” later in this chapter). ♦❖
- g. Send rescreening reminders to all clients. ♦❖

3. Reimbursement □

The MBCHP will reimburse enrolled medical service providers for the cost of performing the covered services, provided these have been conducted in accordance with the algorithms approved by the MBCHP (see Appendix C). Clients are responsible for paying for any other services or tests.

Please note that the MBCHP is the payer of last resort. The MBCHP will provide reimbursement for covered services only if no other source of payment is available to the client. Other available sources of payment include:

- private insurance (whole or partial payment)
- Medicare²
- Medicaid³
- Title X Family Planning
- other local private or public funded programs

This means that reimbursement for screening services provided to women enrolled in Medicare Part B should be paid by Medicare, not by the MBCHP. Similarly, reimbursement for services provided to women eligible for Medicaid—including Aid to Families with Dependent Children—will be paid by Montana’s Medicaid program, not by the MBCHP.

Medicare Part B is an optional program that charges a monthly premium for enrollment. A woman who cannot pay the premium to enroll in Medicare Part B and meets the MBCHP income eligibility criteria is eligible to receive MBCHP services.

B. Eligibility

1. General Criteria

As set forth in Public Law 101-354, the MBCHP will provide screening services to women who meet all of the following criteria:

- are 50 through 64 years of age for breast cancer screening and 30 through 64 for cervical cancer screening
- are uninsured or underinsured
- have a family gross income at or below 200 percent of the current Federal Poverty Level (FPL) scale (see the MBCHP Website, www.cancer.mt.gov, under Income Guidelines.)⁴

² If a woman is eligible to receive Medicare benefits but is not yet enrolled in Medicare, please encourage her to enroll. General information about Medicare can be found at <http://www.medicare.gov>.

³ For more information about Montana’s Medicaid program, call 406-444-5900. General information on Medicaid can be found at <http://www.hcfa.gov/medicaid>.

Clients who are enrolled and determined to be eligible for diagnostic services only must have the screening test results reported to the MBCHP on the data collection forms.

Priority for diagnostic services is given to clients screened in the MBCHP who have abnormal screening results, as opposed to those women screened in other programs or by their primary care physician and referred to the MBCHP for diagnostic services.

Clients must provide the information needed to determine eligibility on the MBCHP “Eligibility and Enrollment” form (see Appendix B). If a woman is ineligible for MBCHP services, she should be referred to other community agencies that may be able to assist her.

Only women diagnosed through the MBCHP with cancer or a pre-cancerous condition may apply for the MBCCTP.

If a client misrepresents her eligibility, the MBCHP will deny reimbursement for screening services and refer the client to the health or social service agency that may be able to assist her.

2. Exception to the Age Criteria for Eligibility

a. Presuming a woman is otherwise MBCHP eligible; the following criteria for age will be used to determine eligibility for cervical cancer screening and diagnostic funds:

- Women ages 30-64, and ages 65 and older that do not have Medicare part B, are MBCHP eligible for cervical cancer screening services based on an allocated percentage of available funds.
- Women ages 18-29 are pre-approved for eligibility for cervical cancer screening if they have:
 - a Pap test result of High Grade SIL or more severe
 - a diagnostic colposcopy result of CIN II, CIN III or invasive cervical cancer
 - a documented history of a previous biopsy diagnosis of cervical cancer, or a pre-cancerous condition and/or treatment for these conditions.

b. Presuming a woman is otherwise MBCHP eligible; the following criteria for age will be used to determine eligibility for breast cancer screening and diagnostic funds:

- Women ages 50 through 64, and ages 65 and older that do not have Medicare part B, are MBCHP eligible for breast cancer screening services.
- Women ages 40 through 50 will be determined MBCHP eligible for breast cancer screening services based on an allocated percentage of available funds.

⁴The Federal Poverty Level scale is updated each year.

- Women ages 39 and younger **MUST** be pre-approved for eligibility and **MUST** be referred by a surgeon or consulting breast specialist. The criteria that will be considered to determine MBCHP eligibility for this age category will include but may or may not be limited to one of the following:
 - A mammogram result of BI-RAD category “4” or “5”
 - A clinical breast exam (CBE) after consultation with a surgeon or consulting breast specialist that is suspicious for breast cancer, in concert with other clinical findings that are suspicious for breast cancer, for example abnormal ultrasound, abnormal mammogram, abnormal cytology/pathology from a needle core exam.
 - A family history of pre-menopausal breast cancer in concert with other clinical findings determined to be suspicious for breast cancer, for example breast mass, abnormal ultrasound, abnormal mammogram.
 - A documented history of a previous biopsy diagnosis of breast cancer.

3. Additional Eligibility Guidelines for Women Who Have Had a Hysterectomy

The MBCHP anticipates that some women who meet the eligibility criteria described above will have had a hysterectomy. In these cases, the MBCHP will reimburse enrolled medical service providers for initially determining whether a client requires continued cervical screening services. If a woman is recommended for continued cervical screening, the MBCHP will employ the following guidelines:

- a. The MBCHP will pay for Pap test screening for clients who have had a hysterectomy and still have a cervix. (A small percentage of women with hysterectomies have had a supracervical hysterectomy, which leaves the cervix intact.)
- b. The MBCHP will not pay for Pap test screening on clients whose hysterectomy included removal of the cervix, unless the client had a hysterectomy due to cervical neoplasia. (A small percentage of women have had hysterectomies for cervical neoplasia and have no cervix.)

C. Reporting Systems

1. Breast Screening and Diagnostic Tests

Use the following when reporting on services provided to MBCHP clients:

- a. Breast screenings ❖
 - “Breast Screening Results” form (see Appendix B)
 - “Abnormal Breast Screening Results” form (see Appendix B)
- b. Mammography test results ❖
 - Breast Imaging Reporting and Data System—BI-RADS, 2nd edition
- c. Breast cancer staging ❖
 - American Joint Committee on Cancer Staging: Staging for Breast Carcinoma, 3rd edition

2. Cervical Screening and Diagnostic Tests

Use the following when reporting on services provided to MBCHP clients:

- a. Cervical screenings ❖
 - “Cervical Screening Results” form (see Appendix B)
 - “Abnormal Cervical Screening Results” form (see Appendix B)
- b. Pap test results ❖
 - Bethesda System
- c. Cervical cancer staging ❖
 - Staging of Carcinoma of the Uterine Cervix

D. Tracking and Follow-up

1. General Requirements

The administrative sites, and enrolled medical service providers share equal responsibility for tracking and follow-up to ensure that all clients complete the required diagnostic exams as scheduled. Administrative site staff should discuss with enrolled medical service providers the procedures to be used and the role the site will play in the process.

- a. Implement a referral, tracking, and follow-up system that covers—and documents—a client’s initial screening through diagnosis and, if necessary, to initiation of treatment. ◆❖
- b. Use a tracking and follow-up system to ensure that all clients complete the required diagnostic exams as scheduled and within the required timeframes. ◆❖
- c. At the first office visit, discuss with the client the procedures for notification of results. ❖
- d. Report all test results to all clients within 10 working days of receiving results. ❖
- e. Notify a client of test results either by telephone, office visit, or mail. Do not use any means of communication that cannot ensure confidentiality. Do not send test results to the client by postcard or fax, and do not leave results on an answering machine. ❖
- f. If a client has an abnormal test result (suspicious for cancer or a pre-cancerous condition), follow the procedures for case management (see Chapter 7). ◆❖
- g. Document all attempts to contact a client in the client’s record.⁵ ◆❖
- h. Fax completed data collection forms⁶ to the MBCHP state office. ◆

⁵ In this manual, the term “client record” refers to the MBCHP data collection forms and other supporting documentation. The term “medical file” refers to records kept in the enrolled medical service provider’s office.

⁶ See Appendix I for a definition of data collection forms.

- i. Submit an itemized bill to Montana Medical Billing (see Appendix E). This is required in order to receive reimbursement from the MBCHP. ❖

2. Additional Requirements for Normal Results

In addition to the above general requirements, tracking and follow-up requirements for normal screening and diagnostic results include:

- a. Notify the client when rescreening is needed. Normal annual rescreening will occur based on MBCHP guidelines and enrolled medical service provider recommendations. ◆❖

3. Additional Requirements for Abnormal Results

In addition to the above general requirements, tracking and follow-up requirements for abnormal screening and diagnostic results include:

- a. Contact the client to discuss the type of follow-up needed, or schedule an appointment, and inform the client: ❖◆
 - of the nature of the suspected disease
 - of the need for further testing or follow-up care
 - that the administrative site case manager will contact and evaluate the client's needs with regard to obtaining follow-up care
 - of the choices (if available) of referrals for definitive diagnostic procedures after screening procedures have been performed
 - of her responsibility to obtain follow-up care
- b. Contact the administrative site case manager for follow-up with the client and establish need for case management. ❖◆
- c. Indicate on the MBCHP screening form that a workup is planned and complete the abnormal screening form. ◆❖
- d. Supply any other information requested by the MBCHP state office on clients with abnormal test results. □◆❖

The administrative sites will ensure that the client has been notified about abnormal results. Contact with the client's enrolled medical service provider will be documented in the client's record. ◆❖

4. Additional Requirements for Cervical Screening

In addition to the above requirements for normal and abnormal results, requirements for cervical screening include:

- a. Provide Pap tests on an annual basis until a client has received three consecutive normal results within a 5-year (60-month) period. The MBCHP will provide reimbursement for Pap tests provided according to these guidelines. □◆❖

- b. After a client has had three consecutive normal Pap test results within a 5-year (60-month) period, provide subsequent Pap tests every 3 years. The MBCHP will provide reimbursement for these subsequent Pap tests. ■◆❖
- c. If a client receives an abnormal screening result at any time, follow the MBCHP policies related to the follow-up of abnormal Pap tests and reimbursement of diagnostic procedures (see Chapter 6, Part B-3, “Procedures for Informing Clients of Test Results”). Once the client has received the recommended follow-up services, the MBCHP will provide reimbursement for additional annual Pap tests until three consecutive Pap tests within a 5-year (60-month) period yield normal results. ■◆❖
- d. At physician discretion, provide annual Pap tests for any client who is at increased risk for pre-invasive lesions of the cervix, including but not limited to those who: ◆❖
 - are infected with human papilloma virus (HPV)
 - are infected with human immunodeficiency virus (HIV)
 - smoke cigarettes
 - have multiple sexual partners (which increases the likelihood of exposure to HPV and HIV)
- e. MBCHP will provide reimbursement for liquid-based cytology for primary cervical cancer screening, up to the allowable Medicare rate (effective July, 2007). The screening interval when using liquid-based tests is every two years.

5. Time Standards for Tracking and Follow-up

The MBCHP will monitor screening data for adherence to the following standards of timeliness for tracking and follow-up. These standards are also used by the Centers for Disease Control and Prevention to evaluate overall program effectiveness: ■◆❖

- a. Abnormal screening Pap test result ❖
 - presentation for screening test to date of final diagnosis < 60 calendar days
 - date of final diagnosis to date treatment initiated < 60 calendar days
- b. Abnormal screening mammogram and/or clinical breast exam test result ❖
 - presentation for screening test to date of final diagnosis < 60 calendar days
 - date of final diagnosis to date treatment initiated < 60 calendar days

6. Re-screening

Administrative sites and enrolled medical service providers must implement a system for notifying clients who are due for yearly or short-term follow-up rescreenings. The system should include the following activities:

- Identify, on a monthly basis, which clients are due for rescreening. ◆❖
- Send reminders to clients regarding the need to schedule a rescreening 4 to 6 weeks prior to the screening due date. ◆❖

- Upon rescreening, update the client’s record to verify her eligibility and obtain her signature on the “Informed Consent and Authorization to Disclose Health Care Information” form (see Appendix B). ♦❖
- If rescreening does not occur, document in the client’s record the reason why. ♦❖

7. Clients “Lost to Follow-up”

Before considering a client “lost to follow-up” the administrative site and/or contract partner site must:

- a. Make three attempts to contact a client. The first two attempts may be by phone or writing. ♦
- b. The third or final attempt must be a letter sent by certified mail with a return receipt requested. ♦
- c. Complete all attempts to contact a client within 6 weeks of receiving notice of abnormal results. ♦
- d. Indicate on the MBCHP data collection forms “lost to follow up” under “Status of Final Diagnosis” when a client does not respond to contact attempts regarding the need for further diagnostic tests, or when a client dies or moves before workup is started. ♦
- e. Indicate on the MBCHP data collection forms “lost to follow up” under “Status of Treatment” when a client does not respond to contact attempts regarding the need for treatment or when a client dies or moves before treatment is initiated. ♦

8. Client Refusal of Follow-up Tests or Treatment

If a client with an abnormal test result (suspicious for cancer) refuses diagnostic tests or treatment, the “MBCHP Acknowledgement of Refusal to Consent to Diagnostic Tests or Treatment” form must be completed by the medical service provider and signed by the client. Administrative site case managers will act as a liaison to the client and provider if necessary (see Appendix F). ♦❖

- Indicate on the MBCHP data collection forms “Refused” under “Status of Final Diagnosis” when a client refuses to obtain further diagnostic tests, or severs her relationship with the MBCHP.
- Indicate on the MBCHP data collection forms “Refused” under “Status of Treatment” when a client refuses to initiate treatment, or severs her relationship with the MBCHP.

E. Clients Who Move

1. Within Montana

When a client moves within Montana, the administrative site will refer the woman to the site nearest to her new residence. It is the client’s responsibility to contact the new site for

subsequent services, if needed, and to sign a copy of the “Informed Consent and Authorization to Disclose Health Care Information” form for release of medical information. ♦

The original administrative site must:

- notify the MBCHP state office that the client has moved. ♦
- either provide the client with copies of her screening results, or obtain the client’s permission in writing to forward screening results as indicated by the client’s request. ♦

2. To Another State

When a client moves to another state, the original administrative site must:

- notify the MBCHP state office that the client has moved. ♦
- either provide the client with copies of screening results, or obtain the client’s permission in writing to forward screening results as indicated by the client’s request. ♦
- contact the MBCHP state office for a list of contacts in the state to which the client is moving. Provide the client with this contact information or obtain written permission to forward screening results as indicated by the client’s request. ♦

5 PUBLIC & PROFESSIONAL EDUCATION

A. Public Education

1. General Description

Public education and outreach consist of a broad base of targeted activities designed to increase the number of women screened for breast and cervical cancer, especially those who are aged 50 through 64 for breast cancer screening and 30 through 64 for cervical cancer screening (based on an allocated percentage of available funds), low-income, and uninsured or underinsured. A special project, the American Indian Screening Initiative (chapter 8), was launched in 2000 to increase the number of American Indian women screened through the Montana Breast and Cervical Health Program (MBCHP).

The specific goals of public education in the MBCHP are to:

Goal 1—increase women’s knowledge about breast and cervical cancer, their skills in breast self-examination, and their motivation to seek breast and cervical cancer screening.

Goal 2—inform women about screening and follow-up procedures.

Goal 3—increase the number of women who obtain rescreening at appropriate intervals.

Goal 4—inform women about enrolled medical service providers who offer screening, detection, diagnosis, therapy, and rehabilitation, and about the MBCHP, the Montana Breast and Cervical Cancer Treatment Program (MBCCTP), and other financial resources available to cover these services.

To accomplish these public education goals, the MBCHP will promote the following activities:

- a. interpersonal, one-on-one outreach designed to target MBCHP-eligible women. ♦
- b. community-based education and outreach such as workplace recruitment, group presentations, and facilitating community involvement in statewide campaigns. ♦
- c. statewide, broad-based awareness-building campaigns delivered via public media, and in conjunction with other state programs and collaborating organizations that serve the MBCHP’s target population. □

Administrative sites, contract partner sites, and Montana American Indian Women's Health Coalition (MAIWHC) members, in cooperation with the MBCHP health educator and the American Indian screening coordinator, will develop and implement community-based and interpersonal education and outreach efforts for their respective regions and will participate in plans for statewide outreach. The MBCHP Public Education subcommittee will develop and implement these statewide campaigns. The MAIWHC and the American Indian screening coordinator will assist with statewide, community, and interpersonal education and outreach for American Indian women.

2. Requirements

Public education and outreach activities must be performed in accordance with the MBCHP Public Education Plan. Those implementing education and outreach plans must:

- a. obtain content review and approval from the state MBCHP health educator prior to producing and distributing any public education and outreach materials (statements, press releases, brochures, videos, and other documents) developed for outreach purposes. ◻◆
- b. include in all public education and outreach materials (statements, brochures, videos, and other documents) the notation that the project is funded by the Centers for Disease Control and Prevention (CDC) and the Montana Department of Public Health and Human Services (MDPHHS). ◻◆
- c. use the MBCHP logo on all literature and forms. ◻◆
- d. write all outreach materials in a culturally sensitive manner and using a literacy level that is easily understood by the general public. ◻◆
- e. document all public education and outreach activities. ◻◆
- f. keep the target population in mind at all times. Promote the MBCHP comprehensive screening services and the importance of screening to women who are 50 through 64 years of age for breast cancer screening and 30 through 64 for cervical cancer screening. ◻◆
- g. actively pursue collaboration with other groups providing similar services and avoid duplication of public education efforts. ◻◆

B. Professional Education

1. General Description

The specific goals of professional education and outreach targeted at the health profession community are to:

Goal 1—increase knowledge of the MBCHP services within the health profession community.

Goal 2—recruit medical service providers throughout the state for participation in the MBCHP.

Goal 3—improve the education, training, and skills of health professionals in the detection and control of breast and cervical health problems.

Goal 4—provide orientation and program updates to enrolled medical service providers on MBCHP policy and current best practices in breast and cervical cancer screening.

Goal 5—increase the number of women screened in the target population (see Chapter 4, Part B).

To accomplish these professional education goals, the MBCHP will promote the following activities:

- a. recruitment and enrollment of medical service providers throughout the state. □◆
- b. identification of enrolled medical service provider education needs through compliance with MBCHP algorithms, accurate forms, and billing procedures. □◆
- c. training for enrolled medical service providers in the areas of need identified directly above. □◆
- d. peer level training as well as Continuing Medical Education and Continuing Education Units to motivate enrolled medical service providers to attend training. □◆

Administrative sites, in collaboration with the MBCHP staff and the Medical Advisory Board, are responsible for coordination of professional education activities and development of the Professional Education Plan.

2. Requirements

Professional education and outreach activities must be performed in accordance with the MBCHP Professional Education Plan. Those implementing professional education activities must:

- a. obtain content review and approval from the MBCHP quality assurance nurse prior to producing and distributing any professional education and outreach materials developed for MBCHP education purposes. ◆
- b. include, in all newly developed materials, the notation that the project is funded by the Centers for Disease Control and Prevention and the Montana Department of Public Health and Human Services. □◆
- c. use the MBCHP logo on all literature and forms. □◆

- d.** provide MBCHP-sponsored program orientation to professionals enrolled to provide screening services. ☐◆
- e.** document all professional education activities. ☐◆
- f.** collaborate whenever possible with professional organizations, insurance carriers, and other entities to maximize the extent of services available for professional education. ☐◆

6 QUALITY ASSURANCE

A. General Description

Quality assurance and improvement is a continuous monitoring and evaluation process designed to ensure that all services provided through the Montana Breast and Cervical Health Program (MBCHP) meet acceptable standards of professional practice and accountability.

The specific goals of quality assurance are to:

Goal 1—ensure that clinical services are valid and of high quality.

Goal 2—ensure that test results are interpreted and reported in a timely and accurate manner.

To achieve these quality assurance goals, the MBCHP will:

- implement policies and systematic procedures designed to monitor and improve the MBCHP program.
- identify corrective actions to be taken to remedy any problems found in the quality of care provided to the MBCHP's target population.

The specific policies and procedures to be followed and practices to be monitored are described in Part B below.

B. Policies and Procedures

1. Enrolled Medical Service Provider Qualifications / Certification Policies

- a. Clinical breast exams, bimanual pelvic exams, and Pap tests may be performed by a physician (medical doctor or doctor of osteopathy), naturopathic physician, physician assistant, certified nurse midwife, and/or certified nurse practitioner, provided the professional maintains a valid license to practice in Montana. □◆❖
- b. Mammography facilities must be fully certified by the Food and Drug Administration under the Mammography Quality Standards Act of 1992 (MQSA). □❖
- c. Cytology facilities must be fully certified by the Food and Drug Administration under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). □❖

2. Procedures for Reporting to the MBCHP

- a. Mammography providers must use the American College of Radiology (ACR) Breast Imaging Reporting and Data System (BI-RADS), 3rd edition, for mammography examination, interpretation, and results. ❖

- b. Staging results of breast cancers must be reported using clinical stage diagnosis according to the American Joint Committee on Cancer Staging. ❖
- c. Cytology providers must report Pap test results using the Bethesda 2001 System. ❖
- d. Staging results of cervical cancers must be reported using clinical stage diagnosis according to the American College of Obstetrics and Gynecology. ❖
- e. Administrative sites must assist in the MBCHP evaluation process by distributing client and provider assessments as needed. ◆
- f. Enrolled medical service providers must submit all required client data collection forms¹.

3. Procedures for Informing Clients of Test Results

- a. Enrolled medical service providers must notify each MBCHP client by letter, telephone conversation, or office visit about the results of any test or procedure performed for the client. Notification should be confidential (see Part 6, “Client Confidentiality Procedures,” later in this chapter) and delivered within 10 working days of receiving results. The notification should include an explanation of results in terms that can be easily understood by the client. ❖
- b. In all cases, enrolled medical service providers must document in each client’s medical file² the date they mailed notification to or spoke with the client to inform her of results, and the method of notification (see Chapter 4, Part D-7 “Clients Considered Lost to Follow-up”). ❖
- c. Within 10 working days of receiving abnormal results, enrolled medical service providers must communicate the results to MBCHP clients by telephone conversation, office visit, or letter.
- d. Before considering a client “lost to follow-up,” providers, administrative sites, and/or contract partner sites must make three attempts to notify the client within 6 weeks of receiving the abnormal results. The third and final notice should be sent by certified mail with return receipt requested (see Chapter 4, Part D, “Tracking and Follow-up”).❖◆

¹ See Appendix I for a definition of data collection forms.

² In this manual, the term “medical file” refers to records kept in the enrolled medical service provider’s office. The term “client record” refers to the MBCHP data collection forms and other supporting documentation.

4. Abnormal Test Results Requiring Follow-up

To ensure the follow-up of abnormal test results and the subsequent diagnosis of “cancer” or “not cancer,” enrolled medical service providers must clearly indicate “Diagnostic Work-up Planned” when marking breast and cervical screening data collection forms (see Appendix Q) with a result listed below:

- a. Cervical screening results ❖
 - ASC-H (Atypical Squamous Cells: Cannot Exclude High-Grade SIL)
 - AGC (Atypical Glandular Cells and adenocarcinoma)
 - HSIL (High grade Squamous Intraepithelial Lesions)
 - Squamous Cell Cancer
- b. Clinical breast exam results ❖
 - Abnormal, Suspicious for Cancer
- c. Mammography test results ❖
 - BI-RAD Category 4—Suspicious Abnormality
 - BI-RAD Category 5—Highly Suggestive of Malignancy
 - BI-RAD Category 0—Assessment Incomplete

5. Abnormal Screening Results: Time Standards for Tracking and Follow-up

The MBCHP will monitor screening data for adherence to the following standards of timeliness for tracking and follow-up. These standards are also used by the Centers for Disease Control and Prevention (CDC) to evaluate overall program quality:

- a. Abnormal screening Pap test result ❖
 - presentation for screening test to date of final diagnosis < 60 calendar days
 - date of final diagnosis to date treatment initiated < 60 calendar days
- b. Abnormal screening mammogram and/or clinical breast exam test result ❖
 - presentation for screening test to date of final diagnosis < 60 calendar days
 - date of final diagnosis to date treatment initiated < 60 calendar days

6. Client Confidentiality Procedures

Client confidentiality must be maintained in accordance with the Uniform Health Care Information Act and the Health Insurance Portability and Accountability Act (HIPAA) and with the following requirements:

- a. Have all clients sign the MBCHP “Informed Consent and Authorization to Disclose Health Care Information” form (see Appendix B) confirming their consent to the release of medical information—for the purpose of data collection and reporting—between physicians, administrative sites, and the Montana Department of Health and Human Services (MDPHHS). Please note that the “Informed Consent and Authorization to Disclose Health Care Information” form permits exchange of information for 6 months only, starting on the date the client signed the form. ♦❖

- b. Fax MBCHP data collection forms to the MDPHHS at **1-877-764-7575 or 406-444-7465** if local to the Helena area. If unable to fax the MBCHP data collection forms, mail them in a secure envelope clearly marked “Confidential.” ♦❖
- c. Exercise caution and discretion if client information is to be discussed over the phone. ♦❖
- d. Notify a client of test results either by telephone, office visit, or mail. Do not use any means of communication that cannot ensure confidentiality. Do not send test results to the client by postcard or fax, and do not leave results in a message on an answering machine or with another person. ❖
- e. Have volunteers sign a statement of confidentiality agreeing to keep all MBCHP information confidential. ♦
- f. Provide a client with copies of her MBCHP records only upon receiving a written request from her. This request must include her signature. To ensure the confidentiality of client information, do not provide copies of records solely upon an oral request. □♦❖

7. Compliance with Guidelines for Age of Population Served

MBCHP will regularly review client screening data to monitor compliance with MBCHP eligibility guidelines, which require that a minimum of 75 percent of all mammograms paid for by MBCHP must be for women who are 50 years of age or older. □

8. Compliance with Guidelines for Cervical Policy

- a. MBCHP will regularly review client screening data to monitor compliance with MBCHP cervical policy. (See Chapter 4, Part D-4, “Additional Requirements for Cervical Screening.”).
- b. MBCHP will regularly review client screening data to monitor compliance with MBCHP eligibility guidelines for women who have had a hysterectomy. (See Chapter 4, B-3, “Additional Eligibility Guidelines for Women Who Have Had a Hysterectomy.”)
- c. MBCHP will regularly review client screening data to monitor compliance with MBCHP reimbursement policy for liquid based cervical cytology. (See Chapter 4-7, part e)

7 CASE MANAGEMENT

A. General Description

Case management is the component of the Montana Breast & Cervical Health Program (MBCHP) that establishes, brokers, and sustains the system of clinical services (screening, diagnostic, and treatment) and support services provided to MBCHP clients. □◆❖

The specific goal of case management is to ensure that MBCHP clients receive timely and appropriate rescreening, diagnostic, and treatment services. The priority population includes MBCHP clients who have an abnormal screening test result or a diagnosis of cancer.

Abnormal screening test results for case management are defined as follows:

- a. Cervical Screening Results
 - ASC-H (Atypical Squamous Cells: Cannot Exclude High-grade SIL)
 - AGC (Atypical Glandular Cells and Adenocarcinoma)
 - HSIL (High-grade Squamous Intraepithelial Lesions)
 - Squamous Cell Cancer
- b. Clinical Breast Exam
 - Abnormal, Suspicious for Cancer
- c. Mammography Test Results
 - BI-RAD Category 4—Suspicious Abnormality
 - BI-RAD Category 5—Highly Suggestive of Malignancy
 - BI-RAD Category 0—Assessment Incomplete

Key elements of case management for MBCHP at all levels include:

- assessment
- planning
- coordination
- monitoring
- evaluation
- resource development

At the administrative site level, the administrative site case manager is responsible for assessing the client's need for case management services and, if indicated, developing and monitoring each client's case management plan. After the case management plan has been developed, the client and the enrolled medical service provider work together to implement the plan and ensure the timely delivery of appropriate rescreening, diagnostic, and treatment services.

Only women diagnosed through the MBCHP with cancer or a pre-cancerous condition may apply for the Montana Breast and Cervical Cancer Treatment Program (MBCCTP).

At the state level, case management activities are intended to ensure collaborative case management planning and monitor timeliness and adequacy of services.

B. Policies and Procedures

1. Notification of Test Results

All enrolled medical service providers must:

- a. within 10 working days of receiving an abnormal test result, notify the client of the result by telephone, office visit, or mail. The notification should include an explanation of results in terms that can be easily understood by the client. Also, the client should be informed that the administrative site case manager will contact her to discuss the clinical and support services that are available. ❖
- b. within 10 working days of receiving an abnormal screening test result, inform the administrative site case manager of the MBCHP client's abnormal result to ensure that the client will be assessed for case management services. ❖
- c. ensure the confidentiality of test results. Do not send test results to the client by postcard or fax, and do not leave information about results on an answering machine. ❖
- d. make three documented attempts within 6 weeks of receiving an abnormal test result to notify a client before considering her "lost to follow-up." The third and final notice should be sent by certified mail with return receipt requested. (See Chapter 4-7, #7 "Clients Considered Lost to Follow-up") ❖
- e. if a client with an abnormal test result (suspicious for cancer) refuses diagnostic tests or treatment, complete the "MBCHP Acknowledgement of Refusal to Consent to Diagnostic Tests or Treatment" form or similar form; the form must then be signed by the woman (see Appendix F). Administrative site case managers will act as a liaison to the client and provider if necessary. (See Chapter 4-8, #8 "Client Refusal of Follow-up Tests or Treatment") ♦ ❖

2. Case Management Services

All administrative site case managers:

- a. Contact the client to assess for case management services within 10 working days of receiving the client's abnormal screening test result. This should be done in a face-to-face interview with the client, if at all possible. ♦
- b. If needed, implement the "Case Management Service Agreement Plan" (see Appendix F), within 20 working days of assessing the client's need for Case Management Services. The plan should be drawn up in collaboration with the client and should demonstrate the case manager's resourcefulness in obtaining volunteer or in-kind services or the necessary funds for the client. ♦

- c. Refer every client diagnosed with cancer or pre-cancer to the MBCCTP. ♦
- d. Monitor and update the Case Management Service Agreement Plan weekly until date of final diagnosis or application for the MBCCTP is made and treatment is initiated.
- e. Refer to the “Case Management Algorithm” (see Appendix F).

3. Documentation and Reporting

All administrative site coordinators must:

- a. develop and submit to the MBCHP state office a list of available community resources and collaborative opportunities in their multi-county areas. ♦
- b. develop formal and informal agreements with other entities in their multi-county areas to facilitate referrals for diagnostic and treatment services, and submit information about these agreements to the MBCHP state office. ♦
- c. submit the “Case Management Service Agreement Plan” to the MBCHP state office—via confidential fax—immediately upon completion of case management services. ♦

4. State Responsibilities

- a. The quality assurance nurse will monitor the MBCHP data to ensure eligible clients receive case management services and are in compliance with the “Case Management Algorithm” (see Appendix F). □
- b. The quality assurance nurse will review the “Case Management Service Agreement Plan” for timeliness and adherence to MBCHP policy and procedures. □
- c. The quality assurance nurse and data manager will be available to administrative site case managers for technical assistance. □
- d. The Resource Guide will be posted to the webpage, www.cancer.mt.gov.

5. Transportation

The MBCHP recommends the use of local or in-kind resources for client transportation whenever possible.

Transportation funds may be requested for travel expenses to complete diagnostic testing. Travel expenses for treatment are not covered under the MBCHP.

Client transportation expenses must receive prior approval from the MBCHP quality assurance nurse in order to qualify for reimbursement. The MBCHP recommends the following sequence of events for requesting transportation funds:

- a. The administrative site case manager determines the need to incur transportation expenses for a client and determines that there are no other payment sources available for this expense. ♦
- b. The administrative site case manager contacts the MBCHP quality assurance nurse to request client transportation funds. As part of this request, the case manager should include the following information (see Appendix F): ♦
 - client's name
 - transportation services needed
 - determination that no other payment sources are available
 - date the services are to be provided
- c. The MBCHP quality assurance nurse approves or denies the request for transportation funds, either verbally or by fax transmission and in writing. □
- d. After obtaining prior approval, the administrative site pays directly for the transportation services and requests reimbursement from the MBCHP (on the "Clients Eligible for Payment" invoice [see Appendix A]). ♦

6. Administrative Site Case Manager Qualifications

The qualifications for administrative site case managers include (but are not limited to): ♦

- a. positive relationship-building skills
- b. effective oral and written communication skills
- c. demonstrated ability to effect change
- d. strong analytic skills
- e. effective planning and organizational skills
- f. the ability to promote client and family autonomy
- g. knowledge of funding resources and services
- h. knowledge of clinical standards and outcomes

C. Eligibility for the Montana Breast and Cervical Cancer Treatment Program (MBCCTP)

The MBCCTP provides basic Medicaid benefits to women in need of treatment for breast or cervical cancer, including pre-cancerous conditions.

In order to be eligible for MBCCTP services:

- the woman must be screened and/or diagnosed through the MBCHP.
- the woman must have a diagnosis of breast or cervical cancer or a pre-cancerous condition dated July 1, 2001 or later.
- the woman may not have creditable insurance or other coverage to pay for treatment.
 - Medicaid will determine if the insurance coverage is creditable.
 - Medicaid will determine MBCCTP eligibility for women who may be eligible for Indian Health or Tribal Health services.

- Medicaid will determine if the woman is eligible for any other Medicaid program that will cover these services.
- the woman must be less than 65 years of age. If she is over 65 years of age, she will be referred to Medicare.

The beneficiaries will receive Basic Medicaid Coverage and will remain eligible until one of the following occurs:

- The treatment recommended by the medical service provider is complete. All approved cases will be reviewed according to the estimated length of treatment indicated by their medical service provider.
- The woman turns 65 years of age (referred to Medicare at this time).
- The woman obtains creditable insurance coverage.
- The woman is eligible for other Medicaid coverage.
- The woman becomes a resident of another state.

See Appendix G for application instructions.

AMERICAN INDIAN SCREENING INITIATIVE

8

A. General Description

Montana has identified American Indian women as a priority population for breast cancer screening. American Indian women in Montana are under-screened for breast cancer relative to the rest of the population. In 2005, 45% of age-eligible American Indian women reported that they had not had a mammogram within 2 years (Montana American Indian BRFSS survey 2005). Nearly half of Montana's American Indian population lives on one of seven reservations, which lie in frontier counties. This geographical isolation is a specific barrier for American Indian women and is addressed in the Montana Breast and Cervical Health Program's American Indian Screening Initiative.

The MBCHP established the American Indian Screening Initiative (AISI) in year 2000 to put focus on the screening of American Indian women. In 2005 the American Indian Screening Initiative Phase II was established. This model utilizes a combination of direct relationships and subcontracts through the administrative sites to administer MBCHP services.

As part of the AISI, the MBCHP established a Memorandum of Understanding with the Billings area Indian Health Service, the Salish and Kootenai Tribes, and the Chippewa and Cree Tribes to provide breast and cervical cancer screening to American Indian women.

B. Enrolled Medical Service Provider Networks

Indian Health Service (IHS) and compacted tribal reservation clinics are enrolled in the program as health care facility/clinic. Administrative sites act as liaisons between the medical service providers and the MBCHP. Administrative sites work with the subcontractors to answer provider questions about the program and assist with orienting providers to the program. ♦

Clinics with a formal direct relationship with the state MBCHP will have assistance from the state MBCHP staff for medical service provider liaison activities. Refer to Chapter 2 B-2 for responsibilities related to medical service provider liaison activities.

Medical Service providers agree to follow clinical protocols and procedures regarding breast and cervical cancer screening and follow-up procedures that have been approved by the MBCHP. ❖

C. Screening Support Activities

IHS assigned staff, reservation appointed staff and subcontractors:

a. provide the following screening support services to all MBCHP clients:

- client intake and eligibility determination
- client referral to registration/appointment for services
- client outreach and education
- client counseling related to MBCHP services
- client tracking and follow-up of all test results including abnormal test results
- client transportation arrangement as needed
- arrange targeted mammography events/days to assure all MBCHP eligible clients receive mammograms

b. meet an annual screening and rescreening goal for all eligible women enrolled in the MBCHP.

c. ensure that at least 20 percent of MBCHP clients are women who, at the time of MBCHP enrollment, have never been screened or who have not had a Pap test within 5 years.

d. ensure that not more than 25 percent of all MBCHP clients who have three consecutive normal Pap tests within a 5-year (60 month) period receive a fourth Pap test paid for by the MBCHP.

e. ensure that claims are filed for clinical services.

f. maintain a tracking and follow-up system to ensure that clients are notified of all test results, obtain appropriate diagnostic tests and follow-up care, and receive reminders for annual and/or short-term follow-up rescreening. (See Ch. 6, Part B-5)

g. maintain complete documentation of patient eligibility, screening, and follow-up services on the MBCHP data collection forms (see Appendix B).

D. Montana American Indian Women's Health Coalition (MAIWHC)

The MAIWHC is funded through the Montana Breast and Cervical Health Program as part of a statewide program to promote comprehensive breast and cervical screening services on seven reservations, Little Shell Chippewa Tribe and five urban centers in Montana. MAIWHC is made up of community and professional American Indian women whose purpose is to guide and assist the MBCHP with the American Indian Screening Initiative.

It is helpful for administrative sites and subcontractors to know that:

a. administrative sites with American Indian screening goals are encouraged to work with MAIWHC members in their site for targeted outreach. ♦

- b. statewide coalition representatives follow the established membership guidelines.
- c. MAIWHC meets twice a year in alternating statewide locations.
- d. administrative sites should be knowledgeable about and share information related to local resources with MAIWHC members. ♦
- e. MAIWHC members work with the MBCHP to guide and assist outreach and educational programs.

E. American Indian Screening Initiative Public and Professional Education Programs

IHS assigned staff, reservation appointed staff, and subcontractors:

- a. collaborate with administrative sites to maintain a specific public education and outreach program that is culturally specific to Montana American Indian women.
- b. participate in the implementation of client educational activities at every opportunity to enhance screening especially related to mammography.

F. Submission of MBCHP claims for medical service provider services

Administrative sites and subcontractors ♦:

- a. work with IHS service unit billing staff, reservation office staff, and other ancillary personnel to facilitate the submission of claims for all eligible MBCHP clients at least quarterly.
- b. review the quarterly Claims Summary by Provider report to facilitate claims submission on all eligible MBCHP clients.

G. MBCHP communication

Administrative sites ♦:

- a. must submit all required paperwork on behalf of the subcontractor to the MBCHP state office.
- b. must notify the data manager of all subcontractor information for the program directory.
- c. will attend all subcontractor calls along with the subcontractor.

Montana Breast and Cervical Health Program Administrative Site Report

GENERAL INSTRUCTIONS:

- Written reports are due October 10, January 10, April 10 and July 10 of each year.
- Send reports by mail OR by e-mail, not both.
- A review of the contractor's ability to meet screening projections will be conducted at the end of the second quarter (December 31) and the third quarter (April 10).

Please send reports to:

**Montana Breast and Cervical Health Program
P. O. Box 202951
Helena, MT 59620-2951
Fax: 406-444-7465 or 1-877-764-7575**

The forms and documents for MBCHP for administrative site reports includes the following:

| | |
|---|-------------|
| Contractor information document | Page A-2 |
| Match report (yearly and quarterly) | Page A-3 |
| Instruction for Quarterly Report due October 10 | Page A-4 |
| Instruction for Quarterly Report due January 10 | Page A-5 |
| Instruction for Quarterly Report due April 10 | Page A-6 |
| Instruction for Final Progress Report due July 10 | Page A-7 |
| Template for Work plan | Page A-8-12 |

Montana Breast and Cervical Health Program Administrative Site Report

NON-FEDERAL MATCHING FUNDS QUARTERLY REPORT:

How much has been contributed to the program from your match sources, both in-kind and actual (cash) dollars, during this quarter? Match funds must **not** include contributions from any other federally assisted program or be paid by the federal government under another award. Complete the table below to indicate the source, description and dollar amount of match funds received this quarter (cash or in-kind). If an annual contribution is received, such as Avon grant, show annual amount in last column. Do not report annual amounts on more than one quarterly report. If no matching funds were received, indicate “none” across the page.

Definitions:

- Match – Non-federal contributions in an amount equal to and not less than \$1 for each \$3 of Federal funds provided in the state grant.
- Cash Match – cash donations that are provided by the contractor or outside sponsor organization.
- In-Kind Match – goods and services (not cash) that are donated by individuals or organizations other than the contractor. The dollar amount should be calculated at their verifiable fair-market value.

| Source: | Description: | Cash \$: | In-Kind \$: | Annual \$: |
|---------------|--------------|----------|-------------|------------|
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Montana Breast and Cervical Health Program Administrative Site Report

Matching fund sources can include:

| | |
|-------------------------------|---------------------------------------|
| Clinical Services | Local Health Departments |
| Local Government | Non-profit Organizations/ Foundations |
| Community Based Organizations | Private Health Providers |
| For-Profit Organizations | Private Citizens, Unaffiliated |
| Health Care Facilities | Professional Organizations |
| Hospitals | Coalitions |

Examples of match funds:

Estimate as best possible fair market value or average cost for each. Some values noted below.

| | | | |
|---|---------|---|---------------------------------|
| Donated staff, supervisory or volunteer time. Median hourly rates from US Dept. of Labor, May 2004 State Occupational Employment and Wage Estimates. (http://stats.bls.gov/oes/current/oes_mt.htm) | | | |
| Administrative Service Managers | \$23.17 | Legal Support Workers | \$19.90 |
| Advertising/Promotions Managers | \$19.72 | Media/Communication Workers | \$11.74 |
| Bookkeeping/Accounting Clerks | \$11.23 | Medical/Health Service Managers | \$28.98 |
| Bus Drivers | \$11.21 | Medical/Pub. Health Social Workers | \$17.21 |
| Community/Social Service Spec. | \$18.09 | Meeting/Convention Planners | \$12.36 |
| Computer Programmers | \$22.67 | Mental Health Counselors | \$14.41 |
| Computer Support Specialists | \$14.78 | Physician Assistants | \$30.50 |
| Family/General Practitioners | \$54.61 | Public Relations Specialists | \$18.34 |
| Gynecologists | \$88.91 | Registered Nurses | \$22.01 |
| Hairdressers | \$9.06 | Retiree | \$12.00 |
| Health Educators | \$14.43 | Social/Community Service Managers | \$19.89 |
| Home Health Aides | \$8.10 | Volunteer | \$12.00 |
| | | | \$50 per hour/\$125 per meeting |
| Donated meeting space (office space). | | | |
| Donated copies of documents, flyers, etc. | | | 10¢ per page |
| Office or media equipment (computers, projectors, etc.) | | | \$25 per hour |
| Contributions from private for-profit entities – Safeway \$\$. | | | |
| Donations from national or professional organizations – YWCA, Soroptimists, etc. | | | |
| AVON or Komen grants secured to augment breast and cervical cancer screening. | | | |
| Donated media – TV, radio, print. | | Donated incentive items. | |
| Donated educational or promotional supplies. | | Medical or treatment services. | |
| Snacks and/or beverages for coalition meetings. | | Fundraising efforts for case management services. | |

Montana Breast and Cervical Health Program Administrative Site Report

Report # 1 due October 10:

Documents that must be completed and included:

1. Contractor information
2. Match report
3. Coalition meeting minutes for last quarter, with updated list of coalition members, if changed
4. A work plan for the funding year
5. Sub-Contractor workplan if site has sub-contractor(s)

Major Goals, objectives, and activities for the following subject areas that must be included in the work plan are:

Screening

- Four specific strategies/activities that will be conducted to serve/outreach/meet screening goals of one or more of the following target populations; Women 50-64 years old, Never/Rarely screened women; AI women.
- Evaluation methods for outreach strategies listed above.
- One strategy to ensure data collection forms are completed and submitted to the state office in a timely manner.

Rescreening

- Indicate strategy to rescreen women.
- Indicate strategy to follow CDC cervical screening policy.
- Indicate referral strategy for women who are no longer MBCHP eligible.

Tracking/Follow Up/Case Management

- Describe the process that ensures all MBCHP clients with abnormal screening results receive notification of results, timely follow-up and referral to Montana Breast & Cervical Treatment Program (MBCCTP) if necessary.

Public & Professional Education

- Develop/Maintain a coalition and provide minutes from four coalition meetings (held quarterly).
- Use coalition to develop public education strategies and to assist with evaluation methods.
- Develop/Conduct ongoing evaluation to determine the most effective public education and outreach methods for multi-county site (example-short surveys at outreach events).
- Recruit and enroll any new medical service providers for your multi-county area annually.
- Attend MBCHP statewide meetings and conference calls as required.

Collaborations & Partnerships

- Maintain and/or develop relationships and new coalition members annually with local partners, agencies and organizations to increase community awareness and access to MBCHP program.

Sub-Contractor workplan – inclusive/attached

Montana Breast and Cervical Health Program Administrative Site Report

Report #2 due January 10

Documents that must be completed and included:

1. Contractor information
2. Match report
3. Coalition meeting minutes for last quarter, with updated list of coalition members, if changed
4. Work plan evaluation, accomplishments and changes

Use your original work plan to report progress on goals and objectives listed in original work plan, use Site Reporting column.

I.

- Report the progress that you have achieved for each goal that is listed on your work plan.
- Describe or list the data that you have used to measure the status of your progress.
- Document any coalition activities, community events, public education and professional activities, 1:1 outreach activities that were completed to meet the goals and objectives.

Montana Breast and Cervical Health Program Administrative Site Report

Report #3 due April 10

Documents that must be completed and included:

1. Contractor information
2. Match report
3. Coalition meeting minutes for last quarter, with updated list of coalition members, if changed
4. Work plan evaluation, accomplishments and changes

Use your original work plan to report progress on goals and objectives listed in original work plan, use Site Reporting column.

I.

- Report the progress that you have achieved for each goal.
- Describe or list the data that you have used to measure the progress.
- Document any coalition activities, community events, public education and professional activities, 1:1 outreach activities that were completed to meet the goals and objectives.

Montana Breast and Cervical Health Program Administrative Site Report

Report #4 due July 10

Documents that must be completed and included:

5. Contractor information
6. Match report
7. Coalition meeting minutes for last quarter, with updated list of coalition members, if changed
8. Work plan evaluation, accomplishments and changes

Use your original work plan to report progress on goals and objectives listed in original work plan, use Site Reporting column.

I.

- Report the final progress that you have achieved for each goal.
- Describe or list the data that you have used to measure the progress.
- Document any coalition activities, community events, public education and professional activities, 1:1 outreach activities that were completed to meet the goals and objectives.

Montana Breast and Cervical Health Program Administrative Site Report

MBCHP Workplan Template

| Screening Goal: | | Measures of Success: | | Site Reporting Column: choose one | | | |
|-----------------|-------------|----------------------|---------------------------|-----------------------------------|----|----|----|
| | | | | Q1 | Q2 | Q3 | Q4 |
| Objectives: | Activities: | Time frame: | Team Members Responsible: | Q1 – Q2 – Q3 – Q4 – | | | |

Montana Breast and Cervical Health Program Administrative Site Report

MBCHP Workplan Template

| Rescreening Goal: | | Measures of Success: | | Site Reporting Column: choose one |
|--------------------------|--------------------|-----------------------------|----------------------------------|--|
| | | | | Q1 Q2 Q3 Q4 |
| Objectives: | Activities: | Time frame: | Team Members Responsible: | Q1 – Q2 – Q3 – Q4 – |
| | | | | |

Montana Breast and Cervical Health Program Administrative Site Report

| Tracking/Follow Up/ Case Management Goal: | | Measures of Success: | | Site Reporting Column: choose one | | | |
|---|-------------|----------------------|---------------------------|-----------------------------------|----|----|----|
| | | | | Q1 | Q2 | Q3 | Q4 |
| Objectives: | Activities: | Time frame: | Team Members Responsible: | Q1 – | | | |
| | | | | Q2 – | | | |
| | | | | Q3 – | | | |
| | | | | Q4 – | | | |

Montana Breast and Cervical Health Program Administrative Site Report

| Public & Professional Education Goal: | | Measures of Success: | | Site Reporting Column: choose one | | | |
|---------------------------------------|-------------|----------------------|---------------------------|-----------------------------------|----|----|----|
| | | | | Q1 | Q2 | Q3 | Q4 |
| Objectives: | Activities: | Time frame: | Team Members Responsible: | Q1 – Q2 – Q3 – Q4 – | | | |

Montana Breast and Cervical Health Program Administrative Site Report

| Collaborations & Partnerships Goal: | | Measures of Success: | | Site Reporting Column: choose one | | | |
|-------------------------------------|-------------|----------------------|---------------------------|-----------------------------------|----|----|----|
| | | | | Q1 | Q2 | Q3 | Q4 |
| Objectives: | Activities: | Time frame: | Team Members Responsible: | Q1 – Q2 – Q3 – Q4 – | | | |

Montanan Breast and Cervical Health Program American Indian Screening Initiative

Screening Event Protocol

Purpose of a Screening Event:

- To increase the number of American Indian women screened for breast and cervical cancer through the Montana Breast and Cervical Health Program (MBCHP).
- To provide a special event for women previously screened through the MBCHP to be enrolled and receive screening services.
- To increase the number of never or rarely screened American Indian women being screened for breast and cervical cancer using the most cost effective methods and activities.

PLANNING is the key to success:

An administrative site may initiate a plan for a specific event, or the administrative site may be invited to participate in an event that is being planned by a local coalition or clinic staff.

The administrative site coordinator should:

1. First, contact the American Indian Screening Coordinator (AISC) when initiating the plan or immediately after being invited to participate in an event.
2. The MBCHP AISC will work with the site coordinator to ensure MBCHP collaboration and support. Contact the AISC for a work plan and budget template.
3. Involve local coalitions and/or Montana American Indian Women's Health Coalition (MAIWHC) members in the screening event as volunteers and resource personnel. The AISC can help identify MAIWHC members.

If there is a request for MBCHP resources from the state office, the AISC will request that a written work plan and budget be submitted.

- The plan and budget must be submitted at least one (1) month prior to the event, for review and approval before the AISC can commit MBCHP resources.
- An evaluation report of the event will be due to the AISC one (1) month after the event.
- The event must include activities to target MBCHP eligible women who are new, never or rarely screened, and who have been previously screened in the program.
- Work plan elements that must be included are:
 - Any facilities that will be involved. Is there an expense or in-kind donation?
 - Date of planned event.
 - Identify the following:
 - All staff involved and their duties. Include professional staff and any other staff resources that will be needed. (Is the provider enrolled? Will the facility be staffed? Will the Mammography tech be present on the day of the event?)
 - The number of women who will receive services.
 - How will women be recruited or invited to the event?
 - How will the staff at the event ensure client confidentiality?
 - How will screening results will be released to the client's primary care provider and how will the client be informed?
 - How will the MBCHP data collection forms be completed, signed, and sent to the state office?
 - How will the follow-up and case management of abnormal test results be completed in a timely manner?

Montanan Breast and Cervical Health Program American Indian Screening Initiative

- What is the plan to contact women who are not residents in the immediate area? (Pow-wow participants, out-of-state clients).
- What is the plan (if needed) for transportation of MBCHP clients?
- What is the plan for media coverage of the event? (Before, during, and after the event.) Will you use local media, posters, and or PSA's? (Contact the AISC)
- How will the event be evaluated? Will you have an evaluation form for providers and clients? (Contact the AISC for examples).

Suggestions to make the event more successful:

- Identify and enroll MBCHP eligible women prior to the event if possible.
- Make sure there are alternative funding sources for women who are not MBCHP eligible. For Example IHS or contract health funds, Medicaid, or donated services.
- Use this setting to inform and educate women of all ages. Promoting preventative wellness and a safe environment to access services. Invite other health promotion organizations to participate. Offer a variety of health related information.
- Have a plan to route the women efficiently through the screening process in a timely manner.
- Offer a planned activity for women while they are waiting to be screened.
- Offer incentives (optional) for completed screens. (CBE, Pap test, and mammogram).
- Have the clients and providers evaluate the screening event to identify quality of care issues and efficiency of routing process.

Suggestions for the use of MBCHP resources: These and other items that may be considered for both real and in kind expenses

- Supplies and services (mobile mammography)
- Personnel to help with the logistics, registration etc.
- Travel for clients to and from the event
- Incentives and other expenses such as brochures, posters, announcements.

The evaluation and report of the screening event should include:

- The number of MBCHP eligible women screened during the event.
- The number of women who are appointed or partially completed. Briefly document the plan to complete the services. Document the plan to complete tracking and follow-up for abnormal test results.
- The total number of women who received breast and cervical health education.
- The total of expenses, including in kind from other sources. Expenses will be reconciled with the budget and invoices before payment is made.
- Identify what went well and what was challenging. Do any problems need to be resolved or addressed by the administrative site or state staff? Is there a plan to address the concerns and issues in a timely manner?
- Identify education and training needs for the local providers that can enhance future events.
- Identify type of media coverage utilized and its effectiveness.
- Report concerns and/or issues identified on evaluation forms from the consumers and providers so that improvements can be made to future events.

Montanan Breast and Cervical Health Program Instructions for “Reverse Invoice”

Supporting documentation for payment, titled “Payment Summary” will be sent by confidential fax to the MBCHP administrative site coordinator within five business days of the end of each quarter. The administrative site has five business days to review and approve or resolve the Payment Summary. A final INVOICE titled “Contractor Invoice Payment Approval” will be sent to the administrative site when the payment has been approved and no more changes will be made.

A. If the Payment Summary is COMPLETE and ACCURATE:

- The administrative site coordinator or contract liaison will sign and date the signature plate.
- If transportation expense was incurred for case management, add the amount to the Payment Summary.
- Return the signature page to the MBCHP state office by confidential fax or mail.
- You will receive the Contractor Invoice Payment Approval by fax signed by the MBCHP program manager.
- Timely reimbursement is contingent on your Quarterly Administrative Site report being submitted and approved by the MBCHP.

B. If the Payment Summary is NOT COMPLETE or is INACCURATE:

- Write the corrections on the Payment Summary.
- Return the corrected Payment Summary to the MBCHP state office. Mark the first page “corrected”. Do not sign or initial the last page.
- Please note;
 - clients may not be on the invoice IF the:
 - screening cycle is pending.
 - client’s abnormal forms have not been submitted.
 - case is not eligible for case management.
 - client was paid in a previous cycle.
 - forms were submitted the last five days of the quarter.
 - data entry was incorrect.
- If transportation expense was incurred for case management, add the amount.
- The MBCHP will review the suggested corrections, and return your document with explanation.
- A corrected Payment Summary will be sent to you for your signature.
- You will receive the Contractor Invoice Payment Approval signed by the MBCHP program manager.
- Timely reimbursement is contingent on your Quarterly Administrative Site report being submitted and approved by the MBCHP.



Breast & Cervical Health Program Screening Voucher

The following woman is approved for services through the Montana Breast and Cervical Health Program.

Name _____ DOB _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

| SERVICE | PROVIDER & ADDRESS | DATE & TIME |
|--|--------------------|-------------|
| Office visit for clinical breast exam and pelvic exam. | | |
| Pap smear (Note * below) | | |
| Mammogram (screening or diagnostic) | | |
| Follow-up diagnostic exams for abnormal results (e.g., ultrasound, surgical consult, biopsy) | | |

*After 3 Normal Pap test results within 60 months, a client is eligible for annual Pap tests through the MBCHP only if there is an increased risk for pre-invasive lesions of the cervix. A client who has had a hysterectomy is eligible for MBCHP cervical cancer screens (Pap test) if the cervix is present, OR the hysterectomy was due to cervical neoplasia.

Approval Determined By _____

Approval Date _____

Providers please note:

1. **Financial assistance through the MBCHP is available to eligible women who are uninsured or underinsured. If a woman has insurance, the provider should bill the insurance first. Upon receiving the EOB from the insurance carrier, the provider should send a claim (with the EOB attached) to the MBCHP for the balance that is due for the specific screening/diagnostic tests.**

2. **Indicate MBCHP as a payer on mammography and lab request forms.**

3. **Submit claims for MBCHP services to:**

**Montana Medical Billing
MBCHP Unit
P. O. Box 5865
Helena, MT 59604
1-888-227-7065**

If you have questions, call: _____ at (____) _____ - _____
Administrative Site Coordinator

**Montana Breast and Cervical Health Program
Administrative Site Referral Letter**

Dear _____ Date: _____

It is time for your regular breast and/or cervical cancer screening.

To continue receiving services through the Montana Breast and Cervical Health Program, you will need to contact the person listed below to enroll. You may see your regular health care provider if you choose.

Please contact: _____ for: _____ County
(Administrative Site Coordinator)

Phone: (_____) _____ - _____

Address: _____
(PO Box and/or Street)

(City) (State) (Zip Code)

The new administrative site coordinator will assist you to enroll and make an appointment.

Please call _____ at (_____) _____ - _____

if you have any questions, or you would like to have your records forwarded.

Montana Breast and Cervical Health Program

Policy and Protocol to Determine Enrollment Site

SUBJECT: How to determine the enrollment site for MBCHP eligible women.

What is the “catchment population” for MBCHP administrative sites?

The woman’s county of residence determines the administrative site where she will be enrolled with the exception of American Indian women who live on or near Montana reservations.

- **The “catchment population” for Administrative Site(s):**
 - A woman who’s county of residence is within their multi-county area, minus what is defined for Administrative sites or individuals assigned to Montana reservations..
 - MBCHP eligible Urban Indian women are considered to be part of the “catchment population” for all administrative sites.
- **The “catchment population” for Administrative sites or individuals assigned to Montana reservations:**
 - American Indian women who live on or near Montana reservations, who are 50 through 64 years and otherwise MBCHP eligible;
 - Women who usually access preventative health care at the clinic(s) or health facilities located within reservation borders or clinics/facilities contracted for tribal health benefits.
 - Reservation borders generally define the reservation communities. The “catchment population” does not have to reside within the reservation border.

CONSIDERATIONS

Eligibility and Enrollment:

- The administrative site that is contacted by the woman or medical service provider will enroll her if appropriate or refer her to an administrative site using the criteria for “catchment population” defined above. We will work together to help women get connected to the correct administrative site.
- When an administrative site refers a woman to another site, they do not need to enroll her, determine eligibility or be responsible to provide her education.
- Age eligibility exceptions will be considered for American Indian women living on reservations when the woman is ineligible for contract care services.

Screening and Case Management:

- Women may choose any medical service provider that is enrolled in the MBCHP.
- The administrative sites will work with each other to ensure women receive comprehensive care, and to help medical service providers get forms returned to the correct administrative site.
- A woman may need to be referred *outside* her community of residence after being enrolled in the MBCHP, depending on the circumstances. Administrative sites will help each other work with women and medical service providers to provide continuity of care. In these cases, administrative sites must work together to decide what site will be responsible to complete the forms including the case management forms and what site will be reimbursed for the completed screen.
- Each site is responsible to ensure the women they enroll and initiate screening will receive services including case management. When more than one site is involved, the coordinators will decide who will be responsible to collect and forward the forms and assume the responsibility to complete the work.
- Each site is responsible to refer women and medical service providers to each to ensure women receive comprehensive breast and/or cervical cancer screens.
- Administrative sites will concentrate their recruitment efforts in their multi-county area according to the definition for their catchment population and refer to Administrative sites or individuals assigned to Montana reservations, if necessary.

Montana Breast and Cervical Health Program Expected Outcomes from Administrative Sites For Medical Service Provider Liaison Activities

1. Administrative site coordinators will ensure that individual medical service providers or provider groups, and their office staff receive:
 - The MBCHP Policy and Procedure Manual and attend a program orientation upon enrollment, and yearly thereafter. This may be accomplished in a group setting or individually.
 - An updated MBCHP Policy and Procedure Manual within one month after an update is published.
 - Regular updated MBCHP information that is essential for their participation in the program, within one month after an update is published. (Billing information, data collection forms, fee schedules, income guidelines, program policy changes, and algorithms.)
 - Ongoing assistance on how to accurately complete the MBCHP data collection forms, and how to follow the clinical screening algorithms for breast and/or cervical cancer.
2. Administrative site coordinators will develop, implement, and maintain, as a part of their work plan, strategies and activities to include medical service providers as key partners in the MBCHP.
3. Administrative site coordinators will assist enrolled medical service providers to:
 - Understand and comply with program policies, particularly the cervical screening policy.
 - To comply with the agreement to accept the assigned Medicare reimbursement rate on the MBCHP fee schedule.
4. Administrative site coordinators will partner with enrolled medical service providers to implement case management services for women with abnormal test results, and for women who have been diagnosed with breast and/or cervical cancer through the MBCHP.
5. Administrative site coordinators will assist the state MBCHP office and its fiscal agent, Montana Medical Billing (MMB), to identify the enrolled medical service providers in their multi-county area that are not submitting claims, or submitting partial or incorrect claims.
6. Administrative site coordinators will work with the state MBCHP office and MMB, to identify pending or ongoing collection activities against MBCHP clients.
7. Administrative site coordinators will direct enrolled medical service providers to call MMB for claims resolution or dispute.

Montana Breast and Cervical Health Program

Data Collection Forms Instructions

- There are 3 MBCHP data collection forms; enrollment/eligibility, screening, and abnormal. Appd B-4, B-6, B-7.

1. Eligibility and Enrollment Form

- Begins an eligibility span.
- This form indicates that the site is using a “slot” to screen a client.
- This form is sent to the state office by the site when completed.
 - Eligibility is determined at the site level. Sec 4
 - Baseline information is self-reported.
- Payment is authorized based on the eligibility data. Sec 4.A.3, 4.B.1
 - Insurance “yes”; claim is pended until settled between fiscal agent and provider
 - Medicaid “yes”; not eligible MBCHP
 - Medicare part B “yes”; not eligible MBCHP
- This form also records required baseline information. (Income, Name, SSN, DOB, Address, County, Race, Ethnicity.)
- Previous Pap test and/or Mammogram date must precede the date of eligibility span. “A qualifying procedure” is not a previous test. A qualifying procedure is a procedure with an abnormal result resulting in an underage woman being program eligible. See Section 4.B.2.a. and b. pages 4-3 and 4-4.
- The administrative site that is recorded on the eligibility form will be reimbursed for the screen.
- The Informed Consent and Authorization form is on the reverse side. Appd B-5

2. Breast and /or Cervical Screening Form:

- This form records the breast and/or cervical screening cycle(s).
- A breast screening cycle may have one clinical breast exam and 1 mammogram
- A cervical screening cycle may have one pap test.
- This form is completed and signed by the medical service provider.
- This form is sent to the state office ASAP so that it can be entered.
- The medical service provider must choose from the result list. A new result may not be added.
- This form records the dates and results of the initial screening procedures. (CBE, mammogram, Pap test).
- This form indicates a “not planned short-term follow up”, “not planned”, or “planned “ work-up.”
 - Either “Not planned” completes the screening cycle.
 - “Planned” requires diagnostic tests recorded on an abnormal form to complete the screening cycle.
- This form indicates the next screen interval.
- To complete the screening cycles when a procedure is not done see Appd B-3 Documenting MBCHP Data.

3. Abnormal Screening Form:

- This form is completed and signed by the medical service provider (primary or specialist).
- The medical service provider must choose from the result list. A new result may not be added.
- This form is faxed to the state office ASAP so that it can be entered.
- This form records the diagnostic tests that were performed to complete a planned work-up.
- This form records if cancer is diagnosed, the type of cancer, the cancer stage, and the tumor size.
- This form records the diagnosis and date of diagnosis. The date should be within 60 days of the initial screening procedure. Sec 6.B.5
- This form records the treatment initiation date. The date should be within 60 days of diagnosis date. Sec 6.B.5

MBCHP Data Collection Forms

Checklist and Guide for Fax Transmission

1. Review forms before faxing.

- ❖ Incomplete forms are returned. The state staff cannot alter forms or add missing information.
- ❖ Use the latest version of the forms (date in the footer). Order packets from the state office.
- ❖ Are the dates sequential? Eligibility before screening, screening before diagnosis, diagnosis before treatment.
- ❖ Are the dates less than or equal to today's date. Don't send in post dated forms.
- ❖ Check the clinical algorithms Appd F2, F3 to see what is required to complete a screening cycle.
- ❖ Enter a date in the date fields, date of birth, previous pap, previous mammogram.
- ❖ Enter a number in numeric fields, income and number of family members
- ❖ The previous mammogram or Pap test should be a date; at least the year of the clients best estimate.
- ❖ Can you read the information on the form? Use a pen that with a heavy line.
- ❖ Use only yellow highlighters. Faxed forms show black in the area where other highlighters are used.

2. Fill out the site fax receipt.

- ❖ The site fax receipt lists the site, the date sent, the clients, the type of form(s) sent for each client.
- ❖ Write the clients name.
- ❖ Put a mark in the column describing the type of form, enroll, screen, abnormal, C.N.A. (Comprehensive Needs Assessment), S.A.P. (Service Agreement Plan), Other, that coincides with the forms for the client.
- ❖ The site receipt is a record for your site of:
 - (1) each form sent to the state office.
 - (2) each form received by the state office.
 - (3) forms that are returned to you to correct.

3. Send the forms via confidential fax with the site receipt as a cover page.

- ❖ Long distance is 1 (877) 764-7575
- ❖ Local to the Helena is 444-2564.

4. The site fax receipt is returned to you at a secured fax.

- ❖ Each site is required to have a fax machine in a secure area ensuring that faxes from the state office are confidential

5. Check the site fax receipt when it is returned.

- ❖ "Ok" written in the column indicates the form is complete and will be entered.
- ❖ A "?" in the column indicates the form is being returned with a circle and "?" on the form indicating missing or incorrect information
- ❖ "Didn't print" next to a name on the site fax receipt indicates the form didn't print.

6. Check the incomplete forms received with the site fax receipt.

- ❖ Completed and return them as soon as possible.
- ❖ Check revised and circle the revision on the form.
- ❖ If you are sending a form that didn't print, just re-fax. (see #7 below) You don't have to mark it revised or circle anything.

7. Re-fax forms

- ❖ Use the original or a new site fax receipt as a cover page.
- ❖ Send the fax via confidential numbers mailbox (above).

Documenting MBCHP Data

CBE, no Mammogram, no Pap test:

- ❖ Record the CBE date and result.
- ❖ Record the Mammogram as “needed but not performed” or “not needed”
- ❖ Complete the rest of the breast screen section and sign the form
- **Draw a line** through the cervical section to indicate that no cervical screens were done.

CBE, Pap test , no Mammogram:

- ❖ Record the CBE date and result result.
- ❖ Record the Mammogram as “needed but not performed” or “not needed”
- ❖ Record the Pap test date and result.
- ❖ Complete both the breast and cervical screening sections and sign the form.

Pap test , no CBE, no Mammogram:

- ❖ Record the Pap test results.
- ❖ Complete the cervical screening sections and sign the form
- **Draw a line** through the breast section to indicate that no breast screens were done.

Pap test, CBE, Mammogram:

- ❖ Record the Pap test result.
- ❖ Record the CBE result.
- ❖ Record the Mammogram result.
- ❖ Complete both the breast and cervical screening sections and sign the form.

Mammogram, Pap test, no CBE:

- ❖ Record the Mammogram date and result.
- ❖ Record the CBE as “needed but not performed” or “not needed”
- ❖ Record the Pap test results
- ❖ Complete both the breast and cervical screening sections and sign the form.

Mammogram, no CBE, no Pap test

- ❖ Record the Mammogram date and result.
- ❖ Record the CBE as “needed but not performed” or “not needed”
- ❖ Complete the breast screen section and sign the form
- **Draw a line** through the cervical section to indicate that no cervical screens were done.

CBE, Mammogram, no Pap test

- ❖ Record the CBE results.
- ❖ Record the Mammogram results
- ❖ Complete the breast screen section and sign the form
- **Draw a line through the cervical section to indicate that no cervical screens were done.**

No CBE, no Mammogram, no Pap test (office visit paid by MBCHP)

**** Note: Administrative Site Coordinator completes the form for this scenario.**

- Record the CBE results as “needed but not performed”.
- Record the Mammogram results as “needed but not performed”
- Record the Pap results as “needed but not performed”
- Sign the form.

- ❖ **Data entered by the medical service provider**
- **Data entered by site**

Eligibility Information

Site # _____

Fiscal Yr _____

_____ What is your age?
_____ Family's yearly income before taxes?
_____ Number of people in household?

1. Do you have Medicare Part B? ☐ Yes ☐ No
2. Do you have Medicaid? ☐ Yes ☐ No
3. Do you have Health insurance that *may cover* these services? ☐ Yes ☐ No

Enrollment Information

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Month Day Year

Name: _____ Other Last Name(s) used: _____
Last First MI

Mailing Address: _____ Street Address: _____

City: _____ State: _____ Zip _____ County of _____
Code Residence

Phone: Home: (_____) _____ - _____ Work / Message: (_____) _____ - _____

Ethnic Background: Are you Hispanic? (Spanish/ Hispanic / Latino)

☐ Yes ☐ No ☐ Unknown

Race: Which race(s) best describe(s) you?

☐ White
☐ American Indian or Alaska Native
☐ Black or African American
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Unknown

Medical Background:

Are you having any breast problems? ☐ Yes ☐ No

Do you have breast implants? ☐ Yes ☐ No

Have you ever had a mammogram? ☐ Yes ☐ No

Date of last mammogram: _____ / _____
Month Year

Have you ever had a pap test? ☐ Yes ☐ No

Date of last pap: _____ / _____
Month Year

Have you had a hysterectomy? ☐ Yes ☐ No

How did you hear about the program? Please check all that apply.

☐ Radio ☐ Newspaper ☐ Pamphlet\Pink Card ☐ Special Promotion\Promotional Ad
☐ Fair ☐ Presentation ☐ Medical Service Provider ☐ Public Assistance Office\ County Health Dept.
☐ TV ☐ Family\Friend ☐ Mailing ☐ Re-screen\Previously Enrolled
☐ Poster ☐ _____

PLEASE READ AND SIGN THE BACK OF THIS FORM



Your signature indicates you have read and understand the MBCHP Informed Consent and Authorization to Disclose Health Care Information

Office Use Only

Form(s) submitted: ☐ New Screening Cycle ☐ Re-submitted with revisions

Initial mammogram in this screening cycle paid by: ☐ MBCHP ☐ Not Paid

Eligibility determined by (please print): _____ Date: _____ / _____ / _____

Client under age - Prior approval given by: _____ Date: _____ / _____ / _____

☐ Client under age (18-29) - meets criteria

Please Read and Sign



Informed Consent and Authorization to Disclose Health Care Information



The Montana Breast and Cervical Health program (MBCHP) receives funds from the Centers for Disease Control and Prevention (CDC) to provide breast and cervical cancer screening for age and income eligible Montana women, in order to save lives by detecting cancer and pre-cancerous conditions at the earliest possible time. Each time a woman is screened for breast cancer, CDC recommends she receive a clinical breast exam and a breast X-ray called a mammogram. Each time a woman is screened for cervical cancer, CDC recommends she receive a pelvic examination and Pap test. If any of the initial tests for breast or cervical cancer are abnormal, further diagnostic testing may be required, which may include a diagnostic mammogram, ultrasound, and/or biopsy of the breast or cervical tissue. Because of CDC recommendations, women who enroll in the MBCHP must receive a mammogram, clinical breast exam, Pap test, and pelvic exam. MBCHP will provide case management services that will help you complete all the diagnostic tests and find resources that may help pay for treatment (if necessary). By enrolling in the MBCHP you are accepting responsibility for keeping appointments and completing all the screening and diagnostic tests that are recommended by your medical provider.

Services Not Covered

The MBCHP only provides services for breast and cervical cancer screening and limited diagnostic tests. The program does not cover services for other health conditions, some diagnostic services, or cancer treatment. If I need services that are not covered, the MBCHP staff will refer me to agencies that may help provide treatment. I understand that I may be billed for services not covered by the MBCHP.

Insurance Information

I understand I have met the eligibility guidelines for the MBCHP. I may have insurance coverage and still be eligible to participate. However, my insurance will be billed first for breast and cervical cancer screening services. If the services are not fully reimbursed by my insurance, the MBCHP will pay the unpaid balance up to the maximum allowable Medicare reimbursement rate.

Confidentiality

Any information provided by me will remain confidential, which means that the information will be available only to me, my health care provider, and to the MBCHP staff. The MBCHP staff means those personnel at the Montana Department of Public Health and Human Services, the administrative site and the tribal organizations and Indian Health Service Units who are specifically designated to work in the MBCHP. Program reports will include information on groups of women and will not identify any client by name or tribal affiliation.

Authorization to Disclose Health Care Information

I consent to and authorize the mutual exchange of screening and diagnostic records among the MBCHP staff, my health care provider(s), the laboratory reading my Pap smear, and the radiology facility where my mammogram is performed with respect to MBCHP related services received by me up to six months after the date indicated below. This authorization expires thirty months after the date I signed below.

I have read the information provided herein, discussed this and other information about the MBCHP and agree to participate in the program. I have had an opportunity to ask questions about the MBCHP and have received answers to any questions I had. All information, including financial and insurance benefits, I have provided to the MBCHP is, to the best of my knowledge, true. I understand that my participation is voluntary and that I may drop out of the MBCHP at any time.

Client Signature: _____

Date: _____

Print Clients Full Name: _____

Date: _____

Witness Signature: _____

Date: _____

Client Name (Last, First, MI): _____ Phone: _____ Admin Site # _____

Social Security Number: _____ - _____ - _____ Date of Birth _____ / _____ / _____ ☐ Revised

BREAST CANCER SCREEN RESULTS

Date of Clinical Breast Exam _____ / _____ / _____
Month Day Year

Clinical Breast Exam (CBE) Findings

- ☐ Normal exam
- ☐ Benign findings
- ☐ **Abnormal: Suspicious for cancer**
- ☐ CBE needed but not performed
- ☐ Not done, not needed, or normal CBE in last 12 months

Date of Mammogram _____/_____/_____
Month Day Year

Mammography test results - BI-RAD Categories

- ☐ Negative - *Category 1*
- ☐ Benign - *Category 2*
- ☐ Probably benign, short interval f/u suggested - *Category 3*
- ☐ **Suspicious Abnormality - *Category 4***
- ☐ **Highly suggestive of malignancy - *Category 5***
- ☐ **Assessment Incomplete - *Category 0***
- ☐ Mammogram needed but not performed
- ☐ Not needed at this time

Diagnostic work-up:

- ☐ Not Planned – normal Follow-up (breast screen complete)
- ☐ Not Planned - short Term Follow-up (breast screen complete)
- ☐ **Planned**, further diagnostic tests needed (complete abnormal form)

Next Breast Screening or follow-up due: _____ / _____
Month Year

Referred to: _____

Recommendations/Comments

Provider's signature: _____

Print provider's name: _____

CERVICAL CANCER SCREEN RESULTS

Respond for ALL clients screened for cervical cancer:

Has this client had a hysterectomy? ☐ Yes ☐ No

If “Yes” was the hysterectomy

Due to cervical neoplasia? ☐ Yes ☐ No

Or Is the cervix still present? ☐ Yes ☐ No

NOTE: A client who has had a hysterectomy is eligible for MBCHP cervical cancer screens (Pap test) if the cervix is present, OR the hysterectomy was due to cervical neoplasia.

Respond for clients with a NORMAL Pap test result:

What is the recommended cervical cancer-screening interval for this client?

- ☐ Annual - high risk
- ☐ Every 2 years - liquid base cytology
- ☐ Every 3 years - 3 normal paps tests within 60 months

Date of Screening Pap test : _____ / _____ / _____
Month Day Year

Specimen Type: ☐ Conventional ☐ Liquid

Adequacy of Specimen: ☐ Satisfactory ☐ Unsatisfactory

Result of Screening Pap test (cervical results only):

- ☐ Negative for intraepithelial lesion or malignancy
- ☐ ASC-US
- ☐ Low Grade SIL (incl. HPV changes)
- ☐ **ASC-H**
- ☐ **High Grade SIL**
- ☐ **Squamous Cell Carcinoma**
- ☐ **Abnormal Glandular Cells**
- ☐ Pap test needed but not performed
- ☐ Not needed
- ☐ Unsatisfactory

High Risk HPV-DNA testing done: ☐ N/A ☐ Yes ☐ No

Diagnostic work-up:

- ☐ Not Planned – normal Follow-up (cervical screen complete)
- ☐ Not Planned - short Term Follow-up (cervical screen complete)
- ☐ **Planned**, further diagnostic tests needed (complete abnormal form)

Next Pap test or follow-up due: _____ / _____
Month Year

Referred to: _____

Recommendations/Comments:

Provider's signature: _____

Print provider's name: _____



Client Name (Last, First, MI): _____ ☐ Revised Form

Social Security Number: - - Date of Birth / / Site:

| Procedure | Date | Results | |
|---|----------------|--|---|
| Diagnostic Mammogram (Additional Mammographic Views) | ____/____/____ | <input type="checkbox"/> Negative (1) <input type="checkbox"/> Benign (2) <input type="checkbox"/> Probably Benign (3) | <input type="checkbox"/> Suspicious Abnormality (4) <input type="checkbox"/> Highly suggestive of malignancy (5) <input type="checkbox"/> Assessment Incomplete (0) |
| Ultrasound | ____/____/____ | <input type="checkbox"/> Normal: probably benign | <input type="checkbox"/> Abnormal: suspicious for cancer |
| Surgical Consult, Repeat breast exam | ____/____/____ | <input type="checkbox"/> Normal: probably benign | <input type="checkbox"/> Abnormal: suspicious for cancer |
| Fine needle biopsy/Cyst aspiration | ____/____/____ | <input type="checkbox"/> Normal: probably benign | <input type="checkbox"/> Abnormal: suspicious for cancer |
| Incisional Biopsy | ____/____/____ | <input type="checkbox"/> Normal: probably benign | <input type="checkbox"/> Abnormal: suspicious for cancer |
| Excisional Biopsy | ____/____/____ | <input type="checkbox"/> Normal: probably benign | <input type="checkbox"/> Abnormal: suspicious for cancer |
| Colposcopy directed biopsy, ECC | ____/____/____ | <input type="checkbox"/> Normal: probably benign | <input type="checkbox"/> Abnormal: suspicious for cancer |
| Diagnostic LEEP/Conization | ____/____/____ | <input type="checkbox"/> Normal: probably benign | <input type="checkbox"/> Abnormal: suspicious for cancer |
| Other - List: _____ | ____/____/____ | <input type="checkbox"/> Normal: probably benign | <input type="checkbox"/> Abnormal: suspicious for cancer |

| Breast Findings | Cervical Findings |
|--|--|
| <p>Final diagnosis:</p> <p><input type="checkbox"/> Cancer not diagnosed</p> <p><input type="checkbox"/> Cancer, in-situ - LCIS</p> <p><input type="checkbox"/> Cancer, in-situ - DCIS</p> <p><input type="checkbox"/> Cancer, invasive</p> <p>Stage at diagnosis: required for invasive cancer</p> <p><input type="checkbox"/> AJCC Stage I</p> <p><input type="checkbox"/> AJCC Stage II</p> <p><input type="checkbox"/> AJCC Stage III</p> <p><input type="checkbox"/> AJCC Stage IV</p> <p><input type="checkbox"/> Unknown / Unstaged</p> <p>Tumor size: required for invasive cancer</p> <p><input type="checkbox"/> 1cm <input type="checkbox"/> 4cm <input type="checkbox"/> 7cm</p> <p><input type="checkbox"/> 2cm <input type="checkbox"/> 5cm <input type="checkbox"/> _____</p> <p><input type="checkbox"/> 3cm <input type="checkbox"/> 6cm <input type="checkbox"/> Unknown</p> | <p>Final diagnosis:</p> <p><input type="checkbox"/> Normal/benign/inflammation</p> <p><input type="checkbox"/> HPV/Condylomata/Atypia</p> <p><input type="checkbox"/> Mild dysplasia/CIN I (bx dx)</p> <p><input type="checkbox"/> Low Grade SIL (bx dx)</p> <p><input type="checkbox"/> High Grade SIL (bx dx)</p> <p><input type="checkbox"/> Moderate dysplasia/CIN II (bx dx)</p> <p><input type="checkbox"/> Severe dysplasia/CIN III/Carcinoma in situ(bx dx)</p> <p><input type="checkbox"/> Invasive Cervical Carcinoma (bx dx)</p> <p><input type="checkbox"/> Other - List: _____</p> <p>Stage at diagnosis: required if invasive cancer</p> <p><input type="checkbox"/> AJCC Stage I</p> <p><input type="checkbox"/> AJCC Stage II</p> <p><input type="checkbox"/> AJCC Stage III</p> <p><input type="checkbox"/> AJCC Stage IV</p> <p><input type="checkbox"/> Unknown / Unstaged</p> |

| Complete for Breast and /or Cervical Findings | |
|--|--|
| <p>Status of final diagnosis: date is required</p> <p><input type="checkbox"/> Work-up complete Date of final diagnosis: ____/____/____</p> <p><input type="checkbox"/> Work-up refused Date: ____/____/____</p> <p><input type="checkbox"/> Lost to follow-up Date: ____/____/____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> | <p>Status of treatment: required for bolded final diagnoses</p> <p><input type="checkbox"/> Started Date: ____/____/____</p> <p><input type="checkbox"/> Refused Date: ____/____/____</p> <p><input type="checkbox"/> Lost to follow-up Date: ____/____/____</p> <p>Next screening or follow-up due: ____/____/____ Month Year</p> <p><u>Provider's signature:</u> _____</p> <p>Print provider's name: _____</p> |

Site Fax Receipt

Site: _____

To: MBCHP, Data Manager

Date: _____

Pages: _____

Confidentiality Notice: The information contained in this message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of the message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any release, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the author immediately by replying to this message and delete the original message.

Forms

| | Client | Enroll | Screen | Abnormal | S.A.P | Other |
|----|--------|--------|--------|----------|-------|-------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
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| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |

Montana Breast and Cervical Health Program

Timeliness and adequacy of follow-up algorithm* for Breast Cancer Screening

| CBE | Mammogram | Diagnostic Procedures | Comments |
|---------------------------------|--|--|--|
| Normal | Negative BI-RAD 1 Benign BI-RAD 2 Probably Benign BI-RAD 3 | No work-up needed - therefore adequacy need not be assessed. Short-term follow-up may be recommended. | |
| Abnormal, Suspicious for Cancer | Negative BI-RAD 1 Benign BI-RAD 2 Probably Benign BI-RAD 3 Assessment Incomplete BI-RAD 0 | Surgical Consult/ Repeat CBE Ultrasound Biopsy/lumpectomy Fine needle aspiration | Repeat mammogram or additional views not adequate; Record final diagnosis |
| Abnormal, Suspicious for Cancer | Suspicious Abnormality BI-RAD 4 Highly Suggestive of Malignancy BI-RAD 5 | Biopsy or lumpectomy Fine needle aspiration | Record final diagnosis |
| Normal | Suspicious Abnormality BI-RAD 4 | Repeat CBE Ultrasound Biopsy/lumpectomy Fine needle aspiration | Record final diagnosis |
| Normal or Abnormal | Highly Suggestive of Malignancy BI-RAD 5 | Biopsy/lumpectomy or Fine needle aspiration | Record final diagnosis |
| Normal | Assessment Incomplete BI-RAD 0 | Additional mammography views or Ultrasound | Record final diagnosis |

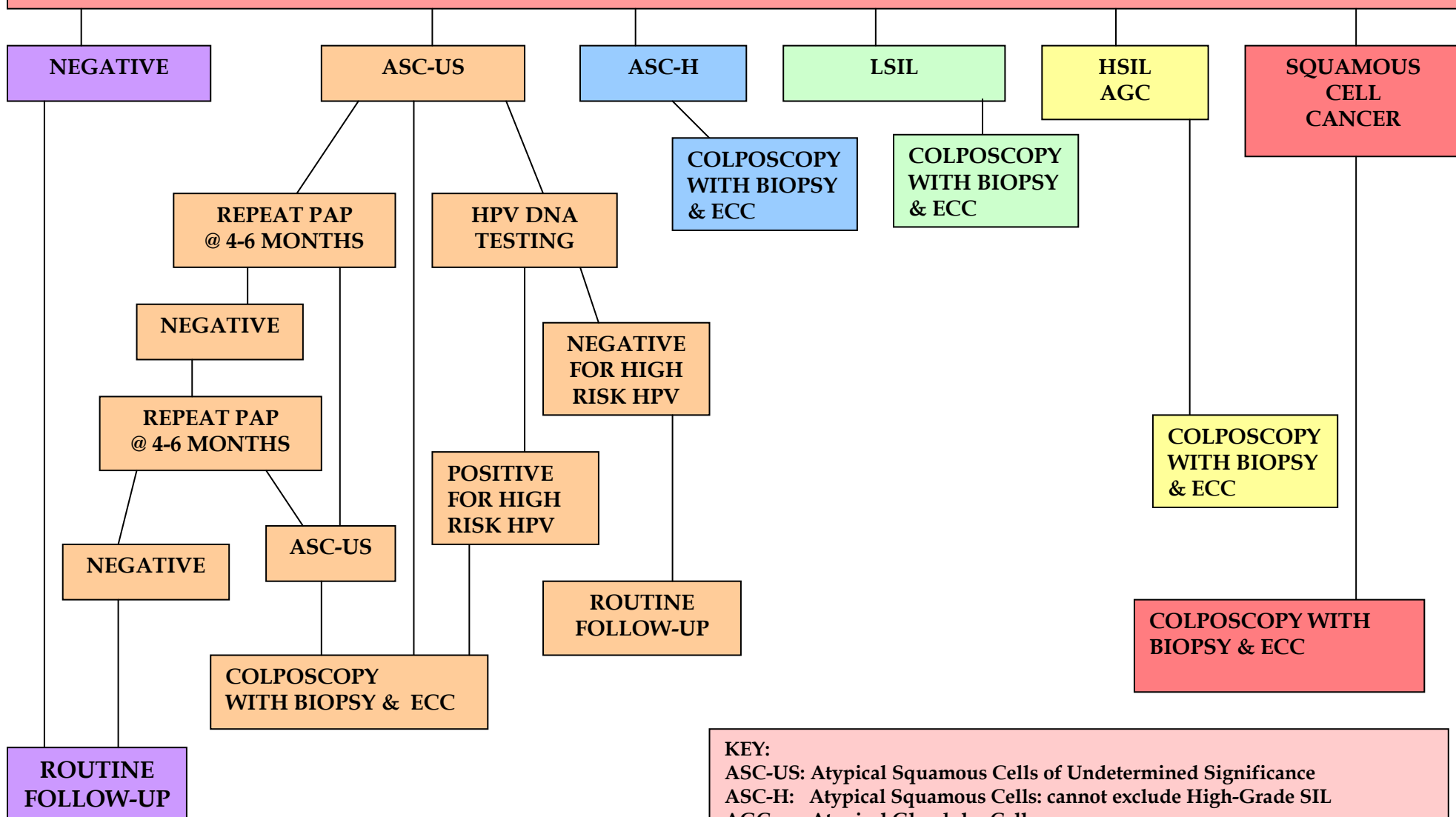
Timeliness and adequacy of follow-up algorithm* for Cervical Cancer Screening

| Pap | Diagnostic Procedures | Comments |
|---|---|------------------------|
| Negative ASC-US LSIL | No work-up needed - therefore adequacy need not be assessed. If work-up is planned for Negative results, colposcopy must be done, and a final diagnosis recorded. If work-up planned for ASC-US or LSIL, see below. | |
| ASC-US LSIL | If work-up is planned, colposcopy & biopsy | Record final diagnosis |
| ASC-H HSIL/AGC Squamous Carcinoma | Colposcopy & biopsy with ECC | Record final diagnosis |

- Whenever there is an abnormal, suspicious for cancer test result, a diagnostic work-up MUST be planned and recorded.
- The time between the date of presentation to the final diagnosis MUST be no more than 60 days.
- The time between the date of diagnosis and initiation of treatment MUST be no more than 60 days.

* This algorithm is not a tool for clinical decision making for individual women or to dictate individual provider practice. It is a guide to use when completing and/or reviewing data collection forms for completeness and accuracy.

PAP TEST



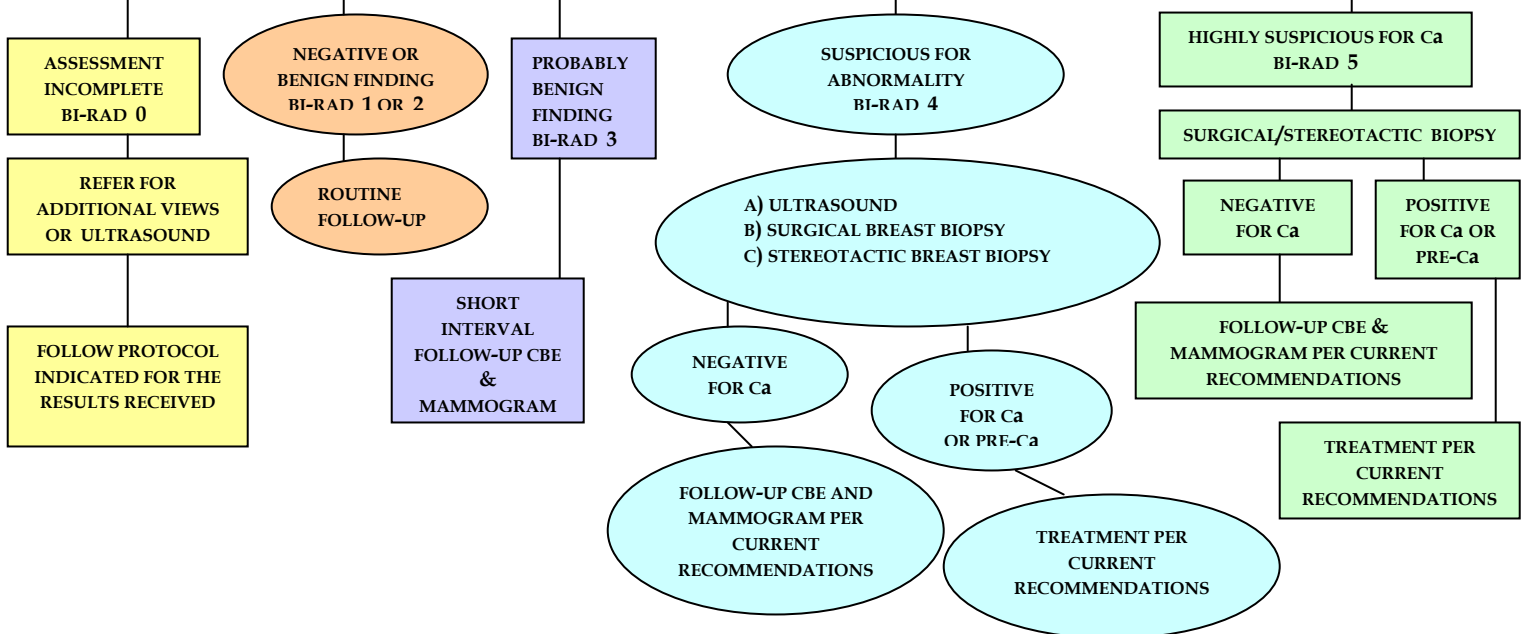
KEY:

ASC-US: Atypical Squamous Cells of Undetermined Significance
 ASC-H: Atypical Squamous Cells: cannot exclude High-Grade SIL
 AGC: Atypical Glandular Cells
 LSIL: Low-Grade Squamous Intraepithelial Lesions
 HSIL: High-Grade Squamous Intraepithelial Lesions

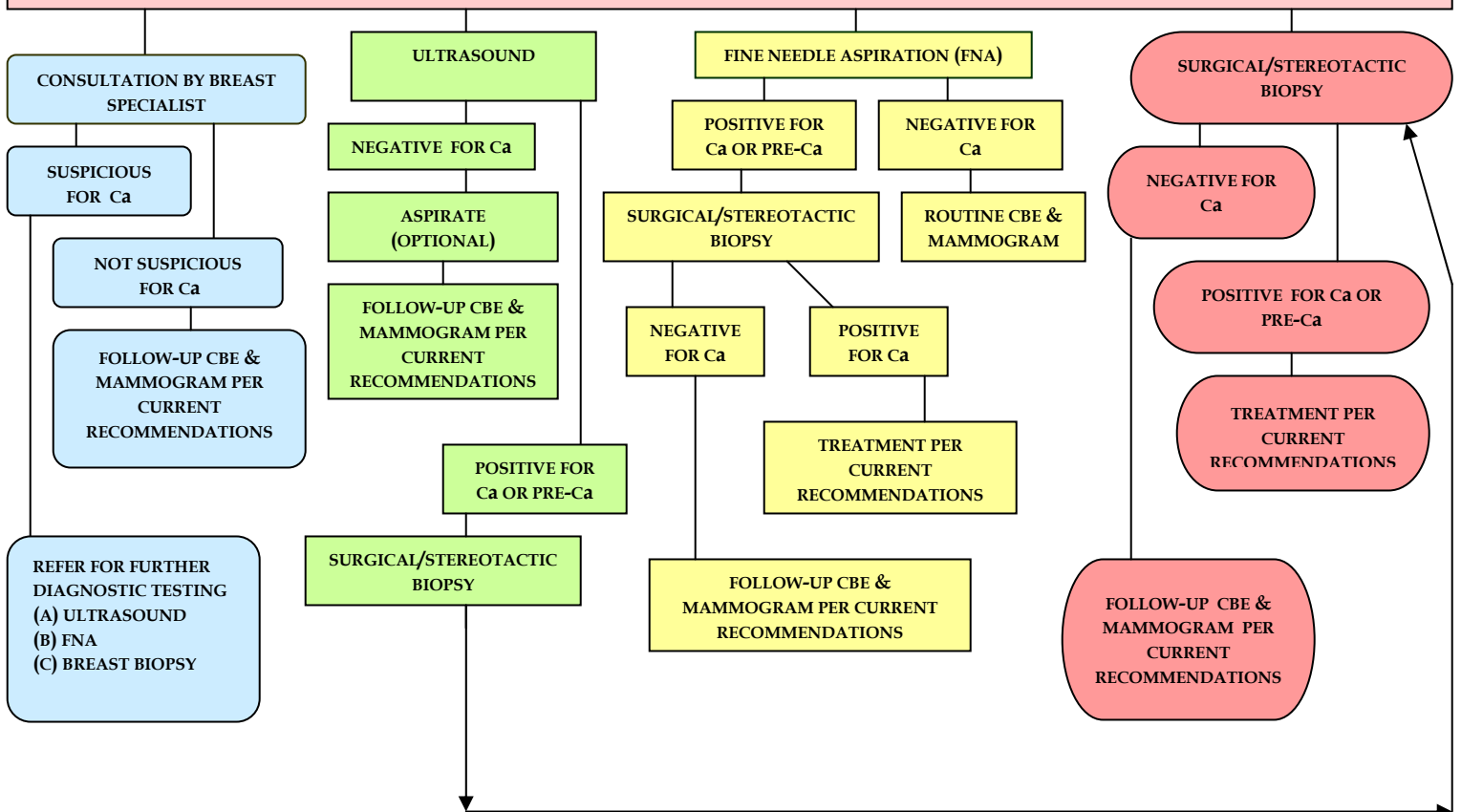
NORMAL CLINICAL BREAST EXAM (CBE)

REFER FOR MAMMOGRAM

DIAGNOSTIC OR SCREENING MAMMOGRAM RESULTS



ABNORMAL CLINICAL BREAST EXAM SUSPICIOUS FOR CANCER (REGARDLESS OF SCREENING OR DIAGNOSTIC MAMMOGRAM RESULTS)



MBCHP Site Report Review Form

Administrative Site:

Date Received:

Review Date:

Report Number: 1 2 3 4
(circle one)

The comments column should be used to clarify any “NO” response or to provide additional information.

| REVIEW CRITERIA FOR REPORT # 1-DUE OCTOBER 10 | YES | NO | COMMENTS |
|--|-----|----|----------|
| Contractor information included with updates | | | |
| Match report | | | |
| --Matching funds itemized; quarterly or annual | | | |
| Coalition minutes attached; including updated list of members | | | |
| Work plan for the funding year (<i>the following requirements need to be present in annual work plan</i>) <u>Screening</u> --Four specific strategies/activities that will be conducted to serve/outreach/meet screening goals of one or more of the following target populations; Women 50-64 years old, Never/Rarely screened women; AI women. --Evaluation methods for outreach strategies listed above. --One strategy to ensure data collection forms are completed and submitted to the state office in a timely manner. <u>Rescreening</u> --Indicate strategy to rescreen women. --Indicate strategy to follow CDC cervical screening policy. --Indicate referral strategy for women who are no longer MBCHP eligible. <u>Tracking/Follow Up/Case Management</u> --Describe the process that ensures all MBCHP clients with abnormal screening results receive notification of results, timely follow-up and referral to Montana Breast & Cervical Treatment Program | | | |

| | | | |
|---|--|--|--|
| (MBCCTP) if necessary. <u>Public & Professional Education</u> --Develop/Maintain a coalition and provide minutes from four coalition meetings (held quarterly). --Use coalition to develop public education strategies and to assist with evaluation methods. --Develop/Conduct ongoing evaluation to determine the most effective public education and outreach methods for multi-county site (example-short surveys at outreach events). --Recruit and enroll any new medical service providers for your multi-county area annually. --Attend MBCHP statewide meetings and conference calls as required. <u>Collaborations & Partnerships</u> --Maintain and/or develop relationships and new coalition members annually with local partners, agencies and organizations to increase community awareness and access to MBCHP program. | | | |
| Sub-Contractor workplan – inclusive/attached | | | |

Staff sign off after reviewing report:

| REVIEW CRITERIA FOR REPORT #2 – DUE JANUARY 10 | YES | NO | COMMENTS |
|---|------------|-----------|-----------------|
| Contractor information included with updates | | | |
| Match report --Matching funds itemized; quarterly or annual | | | |
| Copy of coalition meeting minutes; including list of coalition members and affiliations | | | |
| Work Plan/Evaluations/Changes | | | |

Staff sign off after reviewing report:

| REVIEW CRITERIA FOR REPORT #3 – DUE APRIL 10 | YES | NO | COMMENTS |
|--|------------|-----------|-----------------|
| Contractor information included with updates | | | |
| Match report --Matching funds itemized; quarterly or annual | | | |
| Copy of last coalition meeting minutes; including list of coalition members and affiliations | | | |
| Work Plan/Evaluation/Changes | | | |

Staff sign off after reviewing report:

| REVIEW CRITERIA FOR REPORT #4 – DUE JULY 10 | YES | NO | COMMENTS |
|--|------------|-----------|-----------------|
| Contractor information included with updates | | | |
| Match report --Matching funds itemized; quarterly or annual | | | |
| Copy of last 2 quarters of coalition meeting minutes; including list of coalition members and affiliations | | | |
| Work Plan/Evaluation/Changes | | | |

Staff sign off after reviewing report:

MBCHP Administrative Site Quarterly Review

Quarter 1 2 3 4

Review date:

Site: _____

Attachments that have been reviewed:

Data progress email to sites _____

Quarterly report tracking form _____

Quarterly report email to sites _____

Financial report _____

Number of women enrolled and not screened:

Total:

% over 120 days:

% over 120 days (yes only)

Guide: (20% over 120 days is a concern)

Screening Goal: _____

Number of women screened and % met: _____

Guide: (1st qtr.20%) (2nd qtr.30-40%) (3rd qtr.60-70%) (4th qtr. 80% or more)

Number of mammograms 40-49: _____

AI Goal: _____

Number of AI women screened and % met: _____

Guide: (1st qtr.20%) (2nd qtr.30-40%) (3rd qtr.60-70%) (4th qtr. 80% or more)

AISI Summary:

QA/QI, Clinical, Case Management Summary:

Quarterly Report Summary:

Area(s) of Excellence:

Area(s) of Concerns:

Actions Necessary:

MONTANA BREAST AND CERVICAL HEALTH PROGRAM **ANNUAL REVIEW**

1. _____ Administrative Site Review Form completed prior to visit.
2. _____ Ten records or 10% of the total number of clients seen, whichever is less, will be pulled for review. (The Quality Assurance Nurse will send list in advance or select charts at arrival.)

4. _____ Forms available:

1. Eligibility and Enrollment form
2. Informed Consent and Authorization to Disclose Health Care Information
3. Breast and Cervical Screening form
4. Abnormal Breast and/or Cervical Findings
5. Acknowledgement of Refusal to Consent to Diagnostic Tests or Treatment
6. Case Management Service Agreement Plan

CLIENT RECORD REVIEW
(Used by MBCHP staff during review)

Note: Use one review sheet for each record/clerk reviewed. Place an X in the blank to indicate item located on client record. Place an O in the blank to indicate item not located on client record. Place an NA if the item does not apply.

1. ____ Client name _____ Date of Birth _____ ID# _____
____ Current address _____
2. ____ Documentation and date of financial eligibility
3. ____ Informed Consent and Authorization to Disclose Health Care Information form (which acknowledges client participation in MBCHP signed, dated and witnessed)
4. ____ Pap test results recorded and filed correctly
____ Appropriate follow-up and documentation for abnormal test results
5. ____ All screening mammography results are recorded and filed correctly
____ Appropriate follow-up and documentation for abnormal test results
6. ____ Current Pap, pelvic, CBE documented and current
____ SBE taught and documented
7. ____ Copies of all necessary MBCHP data collection forms
8. ____ Quality Assurance Review:
 - a. Pap
____ Screening to final diagnosis <60 days
____ Final diagnosis to treatment <60 days

Referred to: _____ Documentation back from referral source: _____

Date: _____ Yes ____ No ____ Date: _____

- b. Breast
____ Screening to final diagnosis <60 days
____ Final diagnosis to treatment <60 days

Referred to: _____ Documentation back from referral source: _____

Date: _____ Yes ____ No ____ Date: _____

Comments:

INSTRUCTIONS FOR COMPLETION OF REVIEW FORM

- I. PURPOSE:** This form is used for the annual review conducted by the MBCHP.
- II. GENERAL:**
 - A. The form should be used for periodic self-evaluation of services provided. It is useful as a tool to identify areas that may need strengthening.
 - B. The MBCHP staff will use the results of the review to identify areas of concern that may benefit from program educational interventions or support for infrastructure problems.
 - C. The CHECKLIST and RECORD REVIEW forms follow the ADMINISTRATIVE SITE REVIEW FORM. The CHECKLIST items are required for review, and should be accessible on the day of review. A chart review of at least 10 charts, using the CLIENT RECORD REVIEW form, is part of the site visit. The reviewing nurse will identify the records to be reviewed.
- III. HOW TO COMPLETE THIS FORM:**
 - A. Prepare concise comments to address areas in bold and bulleted points.
 - B. Place comments in the “Comments” section.

MONTANA BREAST AND CERVICAL HEALTH PROGRAM (MBCHP) ADMINISTRATIVE SITE REVIEW FORM

Administrative Site:

Date of Review:

Persons Attending Review:

Please be prepared to comment on the areas in bold including the bulleted points. Please prepare concise comments.

1. Enroll and maintain a medical service provider network

- Is provider list updated and sent to Montana Medical Billing?
- Are new medical service providers in your area enrolled?
- Are clients provided with a list of providers where they may access screening services?

Comments: _____

2. Provide screening support activities

- Be able to discuss how women are enrolled and how tracking and follow-up of forms occurs.
- How is confidentiality of client information understood and adhered to?
- How do clients receive services in accordance with the Civil Rights Act and the Americans with Disabilities Act?
- How is Informed Consent and Authorization to Disclose Healthcare Information explained and signature obtained?
- Client files at site are kept in locked cabinet.
- Do all client files include the following?
 - Client eligibility
 - Data Collection Forms for each screening cycle
 - Screening and follow-up services
 - Client provider contacts
 - Case Management Forms
- How is the MBCHP Policy and Procedure Manual used for training staff and orienting medical service providers?

Comments: _____

3. Develop and maintain local coalitions and partnerships

- Coalition is established with representation from the private and public sector.
- A list of members and meeting minutes are kept at the administrative site.
- The coalition has identified funding sources for clients who need additional diagnostic tests or treatment service.
- Has the coalition provided representation for the MBCHP advisory council?

Comments: _____

4. Implement a multi-county public and professional education program

- Responsibility for coordination of public information is assigned to one or more individuals.
- Educational materials and public information messages are written at low-literacy levels and in clients' primary language.
- Locally developed outreach messages are approved by the MBCHP.
- MBCHP materials are used and distributed in the multi-county area.

Comments: _____

5. Report to and communicate with MBCHP

- Quarterly reports are submitted timely.
- Data collection Forms are mailed (marked confidential in red) or sent via confidential fax.
- Quarterly invoices are submitted including screenings, case management, and new provider enrollment.

Comments: _____

6. Referral and follow-up

- Administrative site ensures clients are notified of all test results within 10 days.
- A reminder is sent to clients to ensure rescreening.

Comments: _____

7. Data collection and tracking system

- A tickler system is maintained for all clients for tracking and follow-up purposes.
- Data collection forms are reviewed for accuracy and completeness before submitting them to the MBCHP state office.

Comments: _____

8. Quality assurance

- Data are reviewed to ensure that diagnostic services are provided within the time-frames outlined in the MBCHP Policy and Procedure Manual.
- A system in place with medical service providers to ensure adherence to the MBCHP algorithms as outlined in MBCHP Policy and Procedure Manual.

Comments: _____

9. Performance monitoring and reporting

- The administrative site conducts internal reviews and evaluates compliance with the MBCHP standards annually.

Comments: _____

**Montana Breast and Cervical Health Program
American Indian Screening Initiative**

MONTANA BREAST & CERVICAL HEALTH PROGRAM

MONTANA MEDICAL BILLING

COMPLETING THE HCFA-1500 FORM

All claims for the Montana Breast and Cervical Health Program (MBCHP) should be submitted to:

Montana Medical Billing
MBCHP Unit
P. O. Box 5865
Helena, MT 59604

Claims may be submitted on HCFA-1500 forms, or on UB-92 forms.

MBCHP is the payer of last resort. If a patient has private insurance and/or Medicare, you must bill the other insurance and/or Medicare first, and attach a copy of the Explanation of Benefits Form(s) to the claim you submit to MBCHP.

MBCHP will accept electronic filing of HCFA-1500 Forms. If you are interested in filing electronically, please contact Montana Medical Billing at (888) 227-7065.

Claims will be processed for payment twice monthly. An Explanation of Benefits will accompany each payment.

Instructions for completing the HCFA-1500 claim form have been divided into three sections for easier reference. The sections are:

Section 1. MBCHP Only Claims

Section 2. Medicare\MBCHP and Third Party(Private Insurance)\MBCHP Claims

Section 3. Third Party\Medicare\MBCHP Claims

Fields with an * are required fields; all others are optional for MBCHP purposes. Refer to the HCFA-1500 (12/90 version) claim form for location of the numbered fields. If you have questions, please contact Montana Medical Billing MBCHP Unit toll free at (888) 227-7065.

SECTION 1. MBCHP ONLY CLAIMS

| 1. MBCHP ONLY CLAIMS | | | |
|----------------------|--------------|---|--|
| Required Field | Field Number | Field Name | Instructions |
| * | 1a | Insured's ID Number | Enter the patient's Social Security Number |
| * | 2 | Patient's Name | List the patient's last name, first name, and middle initial |
| * | 3 | Patient's DOB & Sex | Enter the patient's date of birth (MM/DD/YYYY) and sex |
| | 5 | Patient's Address | Enter the patient's address |
| * | 11d | Is there another Health Benefit Plan? | Check "NO" (If the answer to this question is "Yes", you <u>must</u> follow the appropriate instructions in section 2 or 3) |
| * | 21 | Diagnosis or Nature of Illness or Injury. | Enter the appropriate ICD-9-CM diagnosis codes. Enter up to 4 codes in priority order (primary, secondary, etc.) |
| * | 24a | Date(s) of Service | Enter date(s) of service (MM/DD/YYYY) for each procedure, service or supply |
| * | 24b | Place of Service | Enter the appropriate place of service from the following choices: 11 Office 22 Outpatient Hospital 71 Public Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility |
| | 24c | Type of Service | Leave blank or enter 0 |
| * | 24d | Procedures, Services or Supplies | Enter the appropriate CPT code for the procedure, service or supply. When applicable, enter the appropriate CPT modifier Please Note: Only the procedure codes listed in Appendix H are covered by the MBCHP |

| 1. MBCHP ONLY CLAIMS | | | |
|-----------------------------|-----|--|--|
| * | 24e | Diagnosis Code | Enter the diagnosis code <u>reference number</u> (1,2,3 or 4) shown in Field 21 as they apply to each line of the claim <u>ONLY THE SPECIFIC REFERENCE NUMBERS WILL BE ACCEPTED.</u> Do not enter the ICD-9-CM diagnosis code in this field |
| * | 24f | Charges | Enter the usual and customary charges |
| * | 24g | Days or Units | Enter the number of units for the procedure and date(s) of service billed on this line |
| * | 29 | Amount Paid | Leave blank or enter \$0.00. If payment has been received by a third party, please see section II and/or III |
| * | 30 | Balance Due | Enter the balance due- this amount is the same as Field 28 |
| * | 31 | Signature of Physician or Supplier and Date | Signature: This field <u>must</u> contain either: a. the provider's actual signature b. authorized agent's signature c. facsimile (rubber stamp) signature, or d. a computer generated name Date: This field must contain the date of the claim submission in MM/DD/YYYY format. (The submission must be dated on or after the last date of service on the claim) |
| * | 32 | Name & Address of Facility where service rendered | Enter the name and address of the person, organization or facility performing the services |
| * | 33 | Physician's, Supplier's Billing Name, Address, Zip Code, Phone # and PIN# | Enter the name, address, phone number, and MBCHP Provider Number of the physician or supplier who furnished services |

Section 2. Medicare\MBCHP and Third Party (Private Insurance) \MBCHP Claims

Follow instructions in Section 1 (page 2) with the following exceptions:

| 2. MEDICARE\MBCHP AND THIRD PARTY OR PRIVATE INSURANCE\MBCHP CLAIMS | | | |
|--|---------------------|---------------------------------------|---|
| Required Field | Field Number | Field Name | Instructions |
| * | 1a | Insured's ID Number | Enter the Medicare or Third Party Liability identification number |
| | 4 | Insured's Name | Enter the name of the insured, except when the insured and patient are the same - then the word "SAME" may be entered |
| | 7 | Insured's Address | Enter the insured's address and telephone number, except when the address and telephone number are the same as the patient - then the word "SAME" may be entered |
| * | 10d | Reserved for Local Use | Enter the Patient's Social Security Number |
| * | 11c | Insurance Plan Name or Program Name | Enter the name of the other insurance plan or program name (i.e. Medicare, BC\BS) |
| * | 11d | Is there another Health Benefit Plan? | Check "YES" |
| * | 29 | Amount Paid | Enter the amount paid by other insurance <u>only</u> . Do not enter Medicare payment amount in this field. Medicare payment amount will be determined from the Explanation of Medicare Benefits (EOMB) attached to the claim |
| * | 30 | Balance Due | Enter the balance due |

Section 3. Third Party\Medicare\MBCHP Claims

Follow instructions in Section 1 (page 2) with the following exceptions:

| 3. THIRD PARTY\MEDICARE\MBCHP CLAIMS | | | |
|---|---------------------|---------------------------------------|--|
| Required Field | Field Number | Field Name | Instructions |
| * | 1a | Insured's ID Number | Enter the Medicare identification number |
| | 4 | Insured's Name | Enter the name of the insured, except when the insured and patient are the same - then the word "SAME" may be entered |
| | 7 | Insured's Address | Enter the insured's address and telephone number, except when the address and telephone number are the same as the patient - then the word "SAME" may be entered |
| * | 10d | Reserved for Local Use | Enter the Patient's Social Security Number |
| * | 11 | Insured's Policy Group or FECA Number | Enter the primary (Third Party) payer's identification number |
| * | 11c | Insurance Plan Name or Program Name | Enter the name of the primary payer |
| * | 11d | Is there another Health Benefit Plan? | Check "YES" |
| * | 29 | Amount Paid | Enter the amount actually <u>paid</u> by other insurance coverage or Medicare. Do <u>not</u> include any adjustment amounts in this field |
| * | 30 | Balance Due | Enter the balance due |

MONTANA BREAST & CERVICAL HEALTH PROGRAM

MONTANA MEDICAL BILLING

COMPLETING THE UB-92 FORM

Instructions for completion of the UB-92 Form must follow the Montana Medicaid requirements. Please refer to the Montana Medicaid billing instruction manual provided by Medicaid. Where instructions refer to Montana Medicaid, substitute Montana Breast & Cervical Health Program.

If you need a standard UB-92 manual, (for overall information) they can be obtained from the Montana Hospital Association (MHA) by calling (406) 442-1911. There is a charge for purchase of the manual from the MHA.

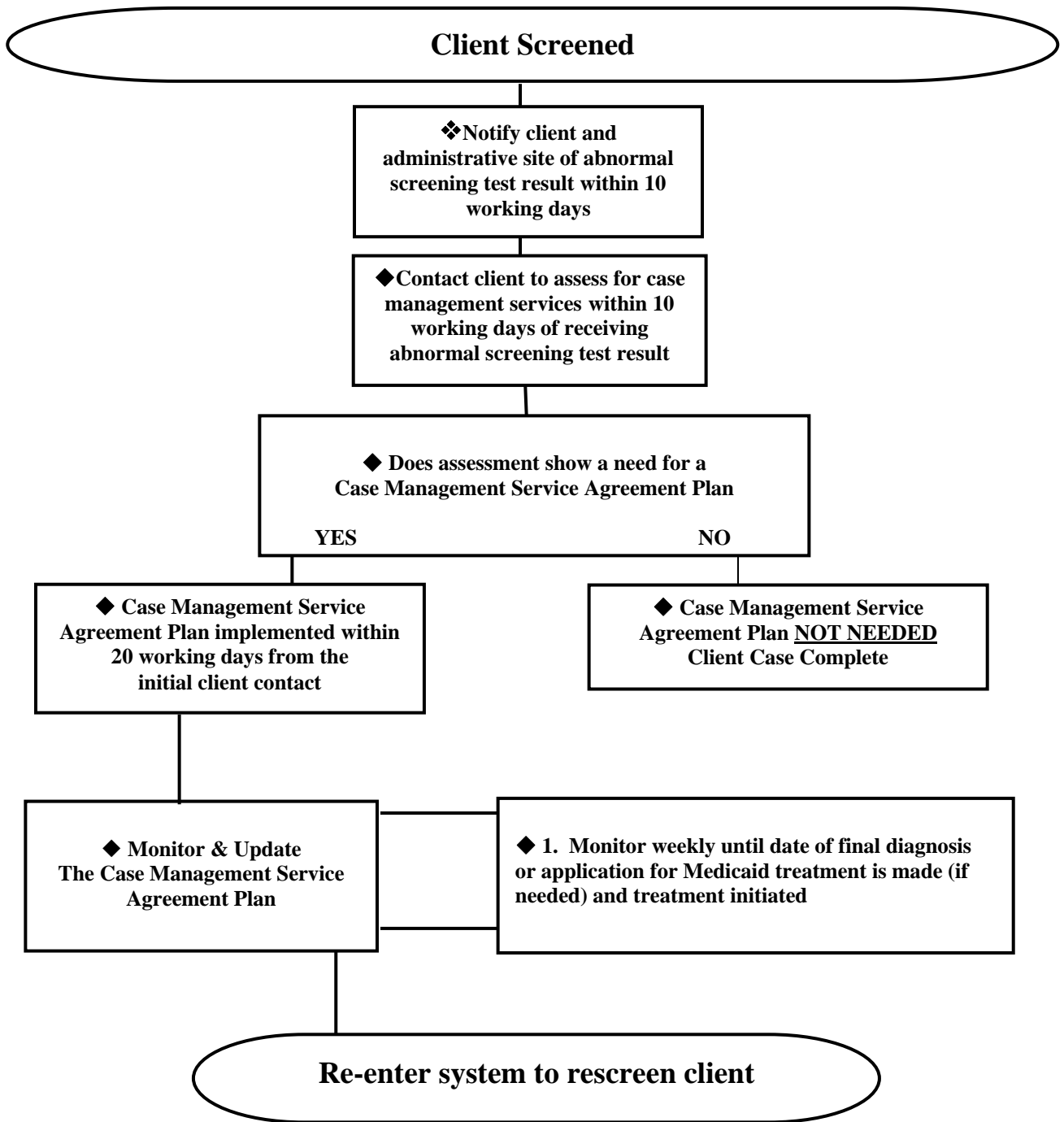
All claims for the Montana Breast and Cervical Health Program (MBCHP) should be submitted to:

Montana Medical Billing
MBCHP Unit
P. O. Box 5865
Helena, MT 59604

MBCHP is the payer of last resort. If a patient has private insurance and/or Medicare, you must bill the other insurance and/or Medicare first, and attach a copy of the Explanation of Benefits Form(s) to the claim you submit to MBCHP.

Claims will be processed for payment twice monthly. An Explanation of Benefits will accompany each payment.

Montana Breast and Cervical Health Program Case Management Algorithm & Time Frames



Key: ◆ Administrative Site Case Manager ❖ Medical Service Provider

The ideal is to work as quickly as possible and submit forms upon completion of case management services.
All steps must be completed within timeframe guidelines.

MONTANA BREAST AND CERVICAL HEALTH PROGRAM

CASE MANAGEMENT SERVICE AGREEMENT PLAN

INSTRUCTIONS

1. Contact the client to assess for case management services within 10 working days of receiving abnormal screening test result.
2. Does the client anticipate any difficulties in obtaining diagnostic procedures, keeping follow-up appointments, or any other concerns she may need help with?
3. If needed, implement the Case Management Service Agreement Plan within 20 working days from the initial client contact.

PURPOSE

- a. The Case Management Service Agreement Plan serves as an agreement between the client and the case manager regarding the needed services. The Case Management Service Agreement Plan documents the procedure scheduled, provider's name, the appointment date or the rescheduled date, and the results. As new procedures are scheduled, they are added to the plan.
- b. Initiation of the Case Management Service Agreement Plan assures compliance with case management timeframes. This expedites the follow-up from the abnormal result to diagnosis. (See Appendix N)

DATE PLAN INITIATED

Enter the date the Case Management Service Agreement Plan was started.

CLIENT IDENTIFICATION

Information identifying the client is recorded.

PROCEDURE SCHEDULED

Record the type of procedure to be provided.

PROVIDER'S NAME

Record the name of the agency, program clinic, individual or source that will provide the needed service.

DATE APPOINTMENT SCHEDULED / OR RESCHEDULED

The date the appointment is scheduled or rescheduled to occur.

RESULTS

Record the outcome of the planned procedure. If the planned procedure did not occur, the reason should be documented in the results column.

COMPLETION DATE/INITIAL

Enter the date all services were completed, with the case manager's initials.

MONITORING DATES

Enter the dates to document that the case manager reviewed the plan weekly until date of final diagnosis or application to MBCCTP.

LOST TO FOLLOW-UP / REFUSAL: CONTACT ATTEMPTS

If the planned procedure did not occur due to lost to follow-up or client refusal, document the contact attempts and dates. (Manual Reference: 7-2, Bd-Be)

Date Initiated _____ Administrative Site _____
Case Manager _____

| | | | | | |
|--|---------------|---------------------|-----------------------------|-------------------------|----------------------------|
| Last Name: | | First Name: | | Social Security Number: | |
| BREAST FOLLOW-UP | | | | | |
| Procedure Scheduled < 60 days of abnormal finding | Provider Name | Appointment Date | Appointment Re-Scheduled | Results | Completion Date/Initial |
| <input type="checkbox"/> Diagnostic Mammogram | | | | | |
| <input type="checkbox"/> Breast Ultrasound | | | | | |
| <input type="checkbox"/> Surgical Consult/Repeat Breast Exam | | | | | |
| <input type="checkbox"/> Fine Needle Biopsy/Cyst Aspiration | | | | | |
| <input type="checkbox"/> Biopsy | | | | | |
| <input type="checkbox"/> Other (specify): _____ | | | | | |
| CERVICAL FOLLOW-UP | | | | | |
| Procedure Scheduled < 60 days of abnormal finding | Provider Name | Appointment Date | Appointment Re-Scheduled | Results | Completion Date/Initial |
| <input type="checkbox"/> GYN Consult | | | | | |
| <input type="checkbox"/> Colposcopy with Directed Biopsy,ECC | | | | | |
| <input type="checkbox"/> Other (specify): _____ | | | | | |

Monitoring Dates:

Weekly, until date of final diagnosis or application for Medicaid treatment is made (if needed) and treatment initiated

Lost to follow-up/Refusal: Contact Attempts

| Contact Method | Date | Result |
|---|-------|--------|
| <input type="checkbox"/> Telephone | _____ | _____ |
| <input type="checkbox"/> Telephone | _____ | _____ |
| <input type="checkbox"/> Telephone | _____ | _____ |
| <input type="checkbox"/> Letter | _____ | _____ |
| <input type="checkbox"/> Certified Letter | _____ | _____ |

Montana Breast and Cervical Health Program
Acknowledgment of Refusal to Consent to Diagnostic Tests or Treatment

Patient Name (Print): _____

My health care provider has recommended further diagnostic testing/treatment to me. I understand these diagnostic tests will help my health care provider diagnose cancer or the treatment recommended for cancer.

I have read and understand the paragraph(s) below that pertain to my decision to refuse diagnostic tests and/or treatment.

The health care provider named below has explained to me that I need **diagnostic test(s)** to determine if I have breast or cervical cancer (circle one). The test(s) that are recommended to me include:

If the diagnostic test(s) have been completed, I have read and understand the result(s) and the diagnoses that are listed below:

The health care provider named below has explained to me that I need **treatment** for breast or cervical cancer (circle one). The treatment recommended to me is:

My health care provider named below has explained to me that the recommended test(s)/treatment are for breast or cervical (circle one) cancer and the likely consequences of refusing the test(s) or treatment, if I have cancer are:

I understand that the refusal of the test(s)/ treatment recommended by my health care provider may endanger my health, or could lead to my death. Knowing this, I refuse to consent to such recommended test(s)/treatment.

I hereby release my doctor/health care provider, _____ (Print Name)
and the Montana Department of Health and Human Services (DPHHS) from any liability or responsibility for not providing the test(s)/treatment described and referred to above.

(Date)

Patient signature

(Date)

Witness

**Montana Breast and Cervical Health Program
Transportation Prior Approval for Case Management**

Name of Client: _____ **Date:** _____

1. Administrative Site: _____
2. Transportation services needed and estimated amounts: _____

3. What are other payment sources you will be using? _____

4. Brief summary of services needed, location and date of services: _____

To be completed after prior approval:

Amount of funds approved: _____

Approved by: _____

Phoned response to CM _____

Faxed response to CM _____

Mailed response to CM _____

MONTANA BREAST AND CERVICAL CANCER TREATMENT PROGRAM (MBCCTP)

PROCESS FOR APPLICATION AND ELIGIBILITY REQUIREMENTS

- I. The State Public Assistance Bureau and the Montana Breast and Cervical Health Program will facilitate applications and establish eligibility of potential clients.
- II. The State Public Assistance Bureau will accept and approve all applications.
Required documents include:
 - A. MBCCTP Medicaid Enrollment form, #HCS-BCC-002 (completed and signed by the client).
 - B. MBCCTP Medicaid Referral Form, #HCS-BCC-003 (completed and signed by the provider).
 - C. Montana Breast and Cervical Health Program Enrollment form.
 - D. Proof of:
 1. Age
 2. U.S. Citizenship, U.S. National or Alien Status, and
 3. Montana residence. (See list on application form)
 - E. Insurance card or policy name and number if applicable.
- III. The State Public Assistance Bureau will notify clients of their eligibility status.
 - A. Medicaid cards will be issued to MBCCTP eligible clients monthly.
 - B. Women who are eligible for other Medicaid programs will be referred for application, and must follow through to be eligible for MBCCTP coverage.
- IV. MBCCTP eligible clients will be required to participate in PASSPORT to Health.
 - A. MBCCTP clients will receive a welcome packet and a letter that instructs them to choose a PASSPORT Primary Care Provider (PCP).
 - B. If the woman does not complete the PASSPORT forms and chose a PCP, one will be assigned and the woman will be notified.
 - C. The PCP must provide “most” services for the client or give a referral to another provider or Medicaid *will not* pay the claim. (Referral # must be on the claim.)
- V. All applicants will be reviewed for continued eligibility 3 months after the initial date of eligibility, and annually thereafter.
 - A. Continued eligibility will be determined based on the recommendation of the client’s PASSPORT Provider.
- VI. Eligibility will be discontinued when/if the:
 - A. Woman’s PASSPORT Provider indicates treatment is complete;
 - B. Woman becomes eligible for other Medicaid coverage;
 - C. Woman turns 65 years old; or
 - D. Woman fails to cooperate or complete an eligibility redetermination.
- VII. All women will be notified when their MBCCTP eligibility is discontinued and for what reason eligibility is ending.

Montana Breast and Cervical Health Program Provider Enrollment Application

Please type or print the requested information as completely as possible. If any field is not applicable, please enter N/A. If you need extra space to answer any question, please attach an additional page.

Provider Name: _____ Clinic Name: _____

Enter two-digit type & specialty code, (Table 2 & 3- in packet) board certified information, certification date, and number:

Provider Type _____ Specialty Code _____ Board Certified (Y/N) _____ Certification Date ____/____/____ # _____

Phone # (____) _____ Fax # (____) _____ Medicare Participating: (Y/N) _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____ Contact Person: _____

E-mail: _____ Location (Table 1a or 1b): _____ Federal Tax ID #: _____

Payment Mailing Information (Complete only if different than provider information above):

Name of office where check is to be sent:

Phone #: _____ Fax #: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____

Provider Credentials

It is necessary to attach copies of all required certification (see table 4 included in enrollment packet) for the medical service provider that will be screening MBCHP clients. **NOTE:** If you are a provider within Montana, you do not need to attach copies. Please mark the appropriate certifications below (and attach if not in Montana):

_____ Provider License - required of all physicians, physician assistants and nurse practitioners.

PAs list the name of supervising MD and include his/her license: _____

_____ CLIA (Clinical Laboratory Improvement Act-) - required of all laboratories.

_____ FDA-MQSA (Food and Drug Administration- Mammography Quality Standards Act) - required of all radiology facilities.

_____ Insurance and/or Medicare Certification Number: _____

PRACTITIONERS

Practitioner Name **Printed**

Practitioner **Signature**

NPI #

Date: ____/____/____

ORGANIZATIONS or NON-PRACTITIONER ENTITIES

Authorized Representative Name **Printed**

Title/Position of Authorized Representative **Printed**

Authorized Representative **Signature**

Date: ____/____/____

PROVIDER AGREEMENT & SIGNATURE

THE PROVIDER CERTIFIES THAT THE INFORMATION PROVIDED ON THIS ENROLLMENT FORM IS, TO THE BEST OF THE PROVIDER'S KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE AND THAT THE PROVIDER HAS READ THIS ENTIRE FORM BEFORE SIGNING. IN CONSIDERATION OF PAYMENTS MADE FOR AUTHORIZED SERVICES TO ELIGIBLE CLIENTS, AND IN ACCORDANCE WITH ANY RESTRICTIONS NOTED HEREIN, THE PROVIDER AGREES TO THE FOLLOWING:

The Provider agrees to offer screening and diagnostic services within the Provider's general area of practice, in accordance with the Montana Breast and Cervical Health Program (MBCHP) Policy and Procedural Manual (the "MBCHP manual"), to women determined eligible by the Department of Public Health and Human Services (the "Department") through its MBCHP.

The Provider agrees to comply with Title XV of the Public Health Service Act (42 U.S.C. 201 et seq.); the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) and its amendments; the Breast and Cervical Cancer Amendments of 1993 (Public Law 103-183); the Women's Health Research and Prevention Amendments of 1998 (Public Law 105-340); the program policies and procedures in the MBCHP manual; any relevant provisions of applicable state and federal laws and regulations; and the terms of this document. (Note: Copies of the above documents are available upon request from the MBCHP.)

Before requesting reimbursement for services provided to an eligible client, the Provider agrees to confirm with reasonable certainty that the client is not covered, completely or partially, for services by other possible first paying sources: private insurance, Medicare, Medicaid, Title X Family Planning, Indian Health Service and other private or public funded programs. If a service is partially covered, the Provider agrees to bill the Department only the portion for which there is no coverage.

The Provider may bill the Department (a) for any service to an eligible client, including those not designated by a CPT code in the MBCHP manual; and (b) at a level that is customary and usual for those services. The Department agrees to reimburse the provider only for services with CPT codes and rates outlined in the current MBCHP fee schedule, which will be amended at least annually.

The Provider agrees to refrain from charging an eligible client or any member of the client's family for any services billable to that client under the MBCHP. The Provider may bill an eligible client for services NOT covered by the MBCHP provided that the client understands that the services being provided are not MBCHP covered services and agrees in writing to pay for the services prior to their delivery.

The Provider agrees to maintain at its cost, throughout the term of this agreement, primary standard general liability insurance coverage inclusive of bodily injury, personal injury and property damage. The insurance must cover claims as may be caused by any act, omission, or negligence of the Provider, its officials, agents, employees, representatives, assigns or subcontractors. The general liability insurance coverage must be obtained with combined single limits of \$1,000,000 per occurrence and \$2,000,000 aggregate per year, from an insurer with a Best's Rating of no less than A-.

The Provider agrees to maintain at its cost, throughout the term of this agreement, professional liability insurance coverage against claims for harm to persons that may arise from the professional services provided through this agreement. The insurance must cover claims as may be caused by any act, omission, or negligence of the Provider, its officials, agents, employees, representatives, assigns or subcontractors. The Provider must provide occurrence coverage professional liability insurance with combined single units of \$1,000,000 per occurrence and \$2,000,000 aggregate per year, from an insurer with a Best's Rating of no less than A-.

The Provider agrees to, in accordance with relevant laws, regulations, and policies, to protect the confidentiality of any material and information concerning an applicant for, or recipient of MBCHP services. The Provider agrees to obtain consent from eligible clients prior to releasing screening results to the Department or its representatives; the consent must meet the requirements of Section 50-16-526, Montana Code Annotated (MCA).

The Provider agrees to make and maintain records that fully document the extent, nature and type of services provided to MBCHP clients that support the fee charged, or payment sought for the service, and demonstrates compliance with all applicable requirements. All records, documents and correspondence relative to this agreement must be retained for a period of five (5) years after either the date of the last record entry or, if an audit commences during that period, until the audit is completed and resolved, whichever date is later. Failure to retain adequate documentation for services billed may result in recovery of payments for services not adequately documented.

The Provider agrees to provide the United States Department of Health and Human Services, the Department, the Legislative Auditor, or their authorized agents, access to any records, documents, and correspondence necessary to determine compliance with this agreement.

The Provider agrees to comply with those federal requirements and assurances for recipients of federal monies listed in the Department's Certification of Compliance (6-99) (Attachment A) and OMB Standard Form 424B (7-97) (Attachment B), which are applicable to the Provider. The Provider is responsible for determining which

requirements and assurances are applicable to the Provider. The Provider shall provide for the compliance of any subcontractors with applicable federal requirements and assurances and any related reporting requirements.

As required by 31 U.S.C. 1352 and 45 CFR 93.100 et seq., the Provider may not use federally appropriated monies to influence or attempt to influence an officer or employee of any agency, a member of the U.S. Congress, an officer or employee of the U.S. Congress, or an employee of a member of the U.S. Congress in connection with the awarding of any federal contract, the making of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan, or cooperative agreement.

The Provider may not use any funds received under this agreement (a) other than for normal and recognized executive-legislative relationships, to fund publicity or propaganda, or the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the U.S. Congress, a state legislature, or a local legislative body, except in presentation to the U.S. Congress or a state or local legislative body itself; or (b) to pay the salary or expenses of any grant or contract recipient, or agent acting for the recipient, related to any activity designed to influence legislation or appropriations pending before the U.S. Congress, a state legislature, or a local legislative body.

The Provider assures the Department that the Provider is an independent contractor providing services for the MBCHP and that neither the Provider nor any of the Provider's employees are employees of the MBCHP under this agreement or any subsequent amendment. The Provider is solely responsible for and shall meet all legal requirements, including payment of all applicable taxes, workers compensation, unemployment and other premiums, deductions, withholdings, overtime and other amounts which may be legally required with respect to the Provider and the employment of all persons providing services under this agreement.

The Provider agrees to indemnify, defend, and hold harmless the State of Montana, its officials, agents, and employees from any breach of this contract by the Provider, from any matters arising from the provision of services by the Provider under the contract, or from the Provider's failure to comply with any federal, state, or local laws, rules, or ordinances applicable to the services to be provided under this contract. This indemnification applies to all claims, obligations, liabilities, costs, attorney's fees, losses, or suits resulting from any acts, errors, omissions or negligence, whether willful or not, of the Provider; the Provider's employees, agents, subcontractors, or assignees; and any other person or entity performing services or providing materials under this contract.

The Provider agrees to comply with the Montana Human Rights Act, the Civil Rights Act of 1964 (42 U.S.C. 2000d, et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101, et seq.), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101, et seq.), and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794).

The Provider may not, on the grounds of race, color, national origin, creed, sex, religion, political ideas, marital status, age or disability exclude persons from employment in, deny participation in, deny benefits to, or otherwise subject persons to discrimination under the MBCHP or any activity connected with the provision of MBCHP services. All hiring done in connection with this agreement must be done on the basis of merit qualifications genuinely related to competent performance of the particular occupational task. The Provider, in accordance with federal Executive Orders 11246 and 11375 and 41 CFR Part 60, must provide for equal employment opportunities in its employment practices.

Either party may terminate this agreement by giving notice in writing to the other party 30 days prior to termination, except that the Department may, by written notice to the Provider, immediately terminate this agreement if the Provider fails to (a) perform any requirement of this agreement or (b) comply with any law, regulation or licensure and certification requirement. The Provider agrees to notify patients in writing of their withdrawal from the program prior to rendering additional services.

Prior to the signing of this agreement, the Provider must complete and submit to the Department: (a) a certificate of coverage for Workers' Compensation insurance or, if appropriate, an independent contractor's exemption; (b) a certificate of insurance indicating compliance with the requisite insurance coverages; (c) the Department's Certification of Compliance (June 1999); and (d) OMB Standard Form 424B (7-97). The Provider must submit a revised form or certification immediately upon any change in circumstances that effect a substantive change in the information or assurances provided through any particular form or certification.

The Provider acknowledges that this enrollment is effective only for the MBCHP services noted above. I UNDERSTAND THAT PAYMENT OF CLAIMS WILL BE FROM FEDERAL FUNDS AND THAT ANY FALSIFICATION OR CONCEALMENT OF A MATERIAL FACT MAY BE PROSECUTED UNDER FEDERAL OR STATE LAW.

Please return completed forms to your Administrative Site or mail to:

**Montana Medical Billing – MBCHP Unit
P. O. Box 5865
Helena, MT 59604
(406) 227-7065 or 1-888-227-7065**



Department of Public Health & Human Services
Cogswell Building, 1400 Broadway
P.O. Box 202951
Helena, MT 59620-2951

Dear Health Care Provider:

Thank you for your interest in participating in the Montana Breast and Cervical Health Program (MBCHP). Please complete the Provider Enrollment Application in the following manner:

1. Complete and sign the enclosed application.

- If the application is for an individual, the individual who will be providing the service must sign it.
- If the application is for a facility, an individual authorized to enter the facility into a legal contract must sign it.
- Providers are required to have one enrollment application for each provider and/or facility.
Example: If you have a group of providers in one clinic, each applicant must complete an MBCHP application.

2. If you are an out-of-state provider, please attach all license, certification and insurance information to the application. If you are an in-state provider, please reference your required documentation (you do not need to attach copies) the MBCHP will verify your information. You may be required to enclose a photocopy of your Medicare Certification Notice.

3. If you are enrolling to bill for a service you have already provided, all required paperwork must be completed prior to approval. Retroactive enrollment is limited to 30 days from the date services were provided to the date enrollment the application was received. Retroactive enrollment is not guaranteed.

You will be notified in writing of the disposition of your enrollment request. Please do not bill Montana Medical Billing for any MBCHP services until you have received approval, effective date, and a provider number.

If you have any questions regarding information required for the fields on the enrollment application, please contact:

Montana Medical Billing
MBCHP Unit at (406) 227-7065 or toll free at (888) 227-7065.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

| | | |
|---|---|--|
| Print or type See Specific Instructions on page 2. | Name | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ | <input type="checkbox"/> Exempt from backup withholding |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).
However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | |
|--------------------------------|--|---|---|--|---|--|--|--|
| Social security number | | | | | | | | |
| | | | + | | + | | | |
| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| | | + | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% **after** December 31, 2003; 28% **after** December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note: *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note: *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

Exempt payees. Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

9. A futures commission merchant registered with the Commodity Futures Trading Commission;
10. A real estate investment trust;
11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
12. A common trust fund operated by a bank under section 584(a);
13. A financial institution;
14. A middleman known in the investment community as a nominee or custodian; or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

| If the payment is for . . . | THEN the payment is exempt for . . . |
|--|--|
| Interest and dividend payments | All exempt recipients except for 9 |
| Broker transactions | Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends | Exempt recipients 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt recipients 1 through 7 ² |

¹ See **Form 1099-MISC**, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note: See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at www.ssa.gov/online/ss5.html. You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 5. Sole proprietorship or single-owner LLC | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 6. Sole proprietorship or single-owner LLC | The owner ³ |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate or LLC electing corporate status on Form 8832 | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership or multi-member LLC | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age;
- (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, re- gulations and policies governing this program.

| | | |
|---|--|----------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | | TITLE |
| APPLICANT ORGANIZATION | | DATE SUBMITTED |

CERTIFICATION OF COMPLIANCE WITH CERTAIN REQUIREMENTS
FOR DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
MONTANA BREAST AND CERVICAL HEALTH PROGRAM PROVIDERS
(June 1999)

The Provider, _____, in relation to the performance of services under the proposed enrollment application and agreement, certifies to the Montana Department of Public Health & Human Services the following:

- A. That the Provider has not acted in collusion with other providers for the purpose of gaining unfair advantages for it or other providers or for the purpose of providing the services at a noncompetitive price or otherwise in a noncompetitive manner.
- B. That the Provider, if receiving federal monies, nor any of its employees or a significant subcontractor in the performance of the duties and responsibilities of the proposed contract, are currently suspended, debarred, or otherwise prohibited from entering into a federally funded contract or participating in the performance of a federally funded contract.

That the Provider, if receiving \$100,000 or more in federal monies, will submit to the Department the federal form "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions." Copies of the form are available from the Department.

- C. That the Provider, if receiving federal monies, will not expend federal monies in violation of federal legal authorities prohibiting expenditure of federal funds on lobbying federal and state and local legislative bodies or for any effort to persuade the public to support or oppose legislation.

That the Provider, if receiving \$100,000 or more in federal monies, will submit to the Department a certification statement as required by 45 CFR 93.110 and in the format presented in Appendix A to 45 CFR Part 93 certifying that no federal monies have been used in contravention of the lobbying prohibitions. Copies of the form are available from the Department.

That if any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of the U.S. Congress, an officer or employee of the U.S. Congress, or an employee of a member of the U.S. Congress in connection with this agreement, the Provider will submit to the Department a disclosure form as required by 45 CFR 93.110 and in the format presented in Appendix B to 45 CFR Part 93, to report those funds. Copies of the form are available from the Department.

- D. That the Provider prohibits, as required by federal legal authorities, smoking at any site of federally funded activities that serves youth under the age of 18. This is not applicable to sites funded with

Medicaid monies only or to sites used for inpatient drug or alcohol treatment.

- E. That the Provider, if receiving federal monies, maintains drug free environments at its work sites, providing required notices, undertaking affirmative reporting, et al., as required by federal legal authorities.
- F. That the Provider, if receiving federal monies, is not delinquent in the repayment of any debt owed to a federal entity.
- G. That the Provider, if expending federal monies for research purposes, will comply with federal legal authorities relating to use of human subjects, animal welfare, biosafety, misconduct in science and metric conversion.
- H. That the Provider, if receiving \$100,000 or more in federal monies, will comply with all applicable standards and policies relating to energy efficiency which are contained in the state energy plan issued in compliance with the federal Energy Policy and Conservation Act.

Not all of these assurances may be pertinent to the Provider's circumstances. This certification form, however, is standardized for general use and signing it is intended to encompass only provisions applicable to the circumstances of the Provider in relation to the federal monies that are being received.

These assurances are in addition to those stated in Standard Form 424B(Rev. 7-97) of the federal Office of Management of the Budget (OMB). Standard Form 424B is an assurances form that must be signed by the Provider if the Provider is to be in receipt of federal monies.

There may be program specific assurances, not appearing either in this form or in the OMB Standard Form 424B, that the Provider may have to provide by certification.

This form, along with OMB Standard Form 424B, are to be provided with original signature to the Department's contract liaison. The completed forms are maintained by the Department in the pertinent purchase and contract files.

Further explanation of several of the requirements certified through this form may be found in the Department's standard Request For Proposal format document, standard contracting policy statement, and standard contract provisions. In addition, detailed explanations of federal requirements may be obtained through the Internet at sites for the federal departments and programs and for OMB and the General Services Administration.

(Date)

(Name of responsible officer)

(Title of responsible officer)

Table 1a
MONTANA COUNTY CODES

| | | | | | | | |
|----|------------|----|---------------|----|--------------|----|--------------|
| 01 | Beaverhead | 16 | Gallatin | 31 | Mineral | 46 | Sheridan |
| 02 | Big Horn | 17 | Garfield | 32 | Missoula | 47 | Silver Bow |
| 03 | Blaine | 18 | Glacier | 33 | Musselshell | 48 | Stillwater |
| 04 | Broadwater | 19 | Golden Valley | 34 | Park | 49 | Sweet Grass |
| 05 | Carbon | 20 | Granite | 35 | Petroleum | 50 | Teton |
| 06 | Carter | 21 | Hill | 36 | Phillips | 51 | Toole |
| 07 | Cascade | 22 | Jefferson | 37 | Pondera | 52 | Treasure |
| 08 | Choteau | 23 | Judith Basin | 38 | Powder River | 53 | Valley |
| 09 | Custer | 24 | Lake | 39 | Powell | 54 | Wheatland |
| 10 | Daniels | 25 | Lewis & Clark | 40 | Prairie | 55 | Wibaux |
| 11 | Dawson | 26 | Liberty | 41 | Ravalli | 56 | Yellowstone |
| 12 | Deer Lodge | 27 | Lincoln | 42 | Richland | 70 | Warm Springs |
| 13 | Fallon | 28 | Madison | 43 | Roosevelt | 71 | Galen |
| 14 | Fergus | 29 | McCone | 44 | Rosebud | 72 | Boulder |
| 15 | Flathead | 30 | Meagher | 45 | Sanders | 74 | Eastmont |

Table 1b
OUT-OF-STATE COUNTY CODES

| | | | | | | | |
|----|-------------------|----|---------------|----|----------------|----|----------------|
| AL | Alabama | IL | Illinois | NE | Nebraska | SC | South Carolina |
| AK | Alaska | IN | Indiana | NV | Nevada | SD | South Dakota |
| AZ | Arizona | IA | Iowa | NH | New Hampshire | TN | Tennessee |
| AR | Arkansas | KS | Kansas | NJ | New Jersey | TX | Texas |
| CA | California | KY | Kentucky | NM | New Mexico | UT | Utah |
| CO | Colorado | LA | Louisiana | NY | New York | VT | Vermont |
| CT | Connecticut | ME | Maine | NC | North Carolina | VA | Virginia |
| DE | Delaware | MD | Maryland | ND | North Dakota | WA | Washington |
| DC | Dist. of Columbia | MA | Massachusetts | OH | Ohio | WV | West Virginia |
| FL | Florida | MI | Michigan | OK | Oklahoma | WI | Wisconsin |
| GA | Georgia | MN | Minnesota | OR | Oregon | WY | Wyoming |
| HI | Hawaii | MS | Mississippi | PA | Pennsylvania | | |

Table 2

PROVIDER TYPES

| | | | | | |
|----|----------------------------|----|---------------------|----|-----------------------------|
| 01 | In and Outpatient Hospital | 40 | Lab | 55 | Rural Health Clinic |
| 02 | Outpatient Hospital | 42 | X-ray | 56 | FQHC |
| 12 | Personal Care | 44 | Nurse Practitioner | 62 | Ambulatory Surgical Centers |
| 27 | Physician | 46 | Physician Assistant | 63 | Public Health Clinic |
| OT | Other – List: | | | | |

Table 3
PROVIDER SPECIALTIES

| | | | | | | | |
|----|-------------------|----|-----------------------------------|----|---------------------------|----|-----------------------------------|
| 01 | General Practice | 16 | OB-Gynecology | 51 | Physician Assistant | 84 | Registered Nurse Anesthetists |
| 02 | General Surgeon | 30 | Radiologist | 70 | Pathologist | 90 | Hospital/General Practice/Surgery |
| 05 | Anesthesiology | 32 | Radiology Facility Mammogram Unit | 71 | Ambulatory Surgery Center | 91 | Hospital/Surgery/Lab |
| 08 | Family Practice | 38 | Geriatrics | 72 | Lab/Pathology Facility | 92 | Hospital/Surgery/Mammography |
| 11 | Internal Medicine | 50 | Certified Nurse Specialist | 73 | Public Health Clinic | 93 | Hospital/Surgery/Lab/Mammography |

Table 4
REQUIREMENTS

| | | |
|----|---------------------------------|--|
| 01 | In and/or Outpatient Hospital | Insurance, License (MQSA and CLIA Certification if needed) |
| 02 | Outpatient Hospital | Insurance, License (MQSA and CLIA Certification if needed) |
| 12 | Personal Assistance Providers | Insurance, Provider License |
| 27 | Physician | Insurance, Provider License |
| 40 | Laboratories and X-Ray | Insurance, CLIA Certification, MQSA Certification |
| 44 | Mid-Level Practitioners | Insurance, Provider License |
| 55 | Rural Health Clinics | Insurance, License, Medicare Certification |
| 56 | Federally Qualified Health Ctr. | Insurance, License, Medicare Certification |
| 62 | Ambulatory Surgical Centers | Insurance, License, Medicare Certification |
| 63 | Public Health Clinic | Insurance, Medicare Certification |

MONTANA BREAST AND CERVICAL HEALTH PROGRAM
ACRONYM REFERENCE LIST

| | |
|---------|--|
| ACR | American College of Radiology |
| ACS | American Cancer Society |
| AGC | Atypical Glandular Cells |
| ASC-H | Atypical Squamous Cells of Undetermined Significance – cannot exclude High-grade SIL |
| ASC-US | Atypical Squamous Cells of Undetermined Significance |
| BI-RADS | Breast Imaging and Reporting Systems |
| BSE | Breast Self-Exam |
| Ca | Cancer |
| CBE | Clinical Breast Exam |
| CDC | Centers for Disease Control and Prevention |
| CLIA | Clinical Laboratory and Improvement Act |
| ECC | Endocervical Curettage |
| FDA | Food and Drug Administration |
| FNA | Fine Needle Aspiration |

| | |
|---------|---|
| HCFA | Health Care Financing Administration |
| HIPAA | Health Insurance Portability and Accountability Act |
| HIV | Human Immunodeficiency Virus |
| HPV | Human Papilloma Virus |
| HRT | Hormone Replacement Therapy |
| HSIL | High-Grade Squamous Intraepithelial Lesion |
| LSIL | Low-Grade Squamous Intraepithelial Lesion |
| MAIWHC | Montana American Indian Women's Health Coalition |
| MBCCTP | Montana Breast and Cervical Cancer Treatment Program |
| MBCHP | Montana Breast and Cervical Health Program |
| MCTR | Montana Central Tumor Registry |
| MDPHHS | Montana Department of Public Health and Human Services |
| NBCCEDP | National Breast and Cervical Cancer Early Detection Program |
| US | Ultrasound |
| MMB | Montana Medical Billing |
| MQSA | Mammography Quality Standards Act |

Montana Breast and Cervical Health Program Policy and Procedure Manual

DEFINITIONS

Administrative Site

An administrative site is an organization with whom the Montana Breast and Cervical Health Program (MBCHP) contracts to implement the program in a multi-county area. Administrative sites are responsible for outreach, recruitment, coordinating community efforts, coalition building, providing screening support services and case management, serving as liaison to enrolled medical service providers, and conducting public and professional education activities.

Central Billing and Reimbursement Agent

The central billing and reimbursement agent is the intermediary with whom the MBCHP contracts to receive claims, conduct claims adjudication, and issue reimbursement checks. This vendor:

- receives all claims for services and matches claims with eligibility data from MBCHP data collection forms.
- authorizes payment of all claims on behalf of the MBCHP.
- reviews all enrolled medical service providers for compliance with insurance, licensure, and certification requirements, as well as with the requirements of the Centers for Disease Control and Prevention (CDC).
- updates for the provider mailing list
- informs all providers with an explanation of benefits for all services.
- ensures that the MBCHP is the payer of last resort.

Clinical Diagnostic Services

Clinical diagnostic services are the services that follow an abnormal screening test result. For breast cancer, these include: diagnostic mammography, fine needle aspiration, ultrasound, biopsy (excisional, core-needle, and stereotactic), and surgical consultation. For cervical cancer, clinical diagnostic services include, colposcopy, endocervical curetage, colposcopy-directed biopsy and/or surgical consultation.

Clinical Screening Services

Clinical screening services include mammography, clinical breast exams, Pap tests, and bimanual pelvic exams. Because of the need for clinical breast exams and bimanual pelvic exams, clinical screening services also include an office visit with a primary health care provider.

Consulting Health Care Provider

The consulting health care provider is the enrolled medical service provider who provides consulting services for diagnostic procedures. Consulting services may include the same screening services provided by a primary health care provider as well as referrals for diagnostic procedures that may require surgery. Consulting health care providers are generally breast specialists or OB/GYN specialists.

Data Collection Forms

The term "data collection forms" refers to two categories of forms:

- Eligibility and Enrollment—includes a client's "Informed Consent and Authorization to Disclose Health Care Information."
- Minimum Data Elements—consists of the "Breast and Cervical Screening Results" and "Abnormal Breast and Cervical Screening Results" forms. These forms record the data—known as "minimum data elements"—that the MBCHP must report to the CDC. Primary health care providers and consulting medical service providers are responsible for completing these forms and forwarding them to the administrative site.

Enrolled Medical Service Providers

Enrolled medical service providers are the licensed health care providers and facilities enrolled in the MBCHP to provide clinical screening services, including mammography, Pap test evaluations, clinical breast exams, bimanual pelvic exams, and the diagnostic tests listed in Appendix H. The term medical service provider covers, but is not limited to, medical doctors (including residents), doctors of osteopathy (including residents), physician assistants, clinical nurse specialists, nurse practitioners, radiology facilities, cytopathology laboratories, and surgical facilities.

Montana Breast and Cervical Cancer Treatment Program

The Montana Breast and Cervical Treatment Program provides basic Medicaid benefits to women in need of treatment for breast or cervical cancer, including pre-cancerous conditions. To be eligible for benefits, women must be screened through the MBCHP.

MBCHP Policy and Procedure Manual

The MBCHP Policy and Procedure Manual is for use by administrative sites and enrolled medical service providers. The MBCHP will review and update the manual annually or as changes in policy or procedures occur. Administrative sites and enrolled medical service providers must follow the guidelines outlined in the manual. Updated manuals available on www.cancer.mt.gov.

Non-Screening Activities

Local Coalitions and Partnerships

Local coalitions and partnerships are made up of a variety of partners who share a commitment to the success of the MBCHP. Administrative sites are responsible for building local coalitions and working with them to address local needs, establish partnerships to expand and maximize resources, promote delivery of MBCHP services, and to define how MBCHP clients can access additional diagnostic services and treatment beyond those provided by the MBCHP. Local coalitions will assist administrative sites with volunteer activities and with identifying local resources and referral agencies. Members of local coalitions and partnerships—one representing each administrative site—will sit on the Comprehensive Cancer Coalition.

Professional Education

The MBCHP professional education goal is to increase health professionals' knowledge and skill in the early detection and control of breast and cervical cancer to ensure that women receive appropriate and high quality screening, diagnostic and treatment services. Through professional education, the MBCHP seeks to identify gaps in the knowledge, attitudes, and practices of health professionals and to improve the standards of practice. Activities include conferences, workshops, and training provided at the state and local level. An administrative site's regular liaison work with enrolled medical service providers is also considered part of MBCHP professional education.

Public Education

Public education refers to activities conducted through the three-tiered approach (statewide/broad-based message, community-based interventions, and one-to-one outreach) to increase the number of women screened and rescreened within the target population. Activities include: educational campaigns, development and dissemination of public information materials, coalition support, community involvement with outreach, and client recruitment through targeted 1:1 outreach.

Quality Assurance and Improvement

The MBCHP ensures quality of screening services through routine data reviews and audits. The MBCHP Policy and Procedure Manual describes the quality of service required. All enrolled medical service providers and administrative sites must meet the requirements outlined in the manual. To ensure quality of services, the MBCHP Quality Assurance Nurse will review clinical data reported to the program weekly and will review administrative records and individual client records and medical files as needed.

Surveillance and Evaluation

In carrying out its surveillance and evaluation responsibilities, the MBCHP maintains a data system to collect, edit, manage, and improve the quality of data, to ensure that:

- women with normal results are recalled for subsequent examination.
- women with abnormal screening results receive appropriate and timely diagnostic and/or treatment services.

Primary Health Care Provider

The primary health care provider is the enrolled medical service provider to whom an MBCHP client is referred initially—generally the first medical service provider contact for the client. The primary health care provider can be the client's medical home or clinic, community health center, family planning clinic, private clinic, or individual health care provider. The primary health care provider refers the client for mammography, forwards cervical specimens, receives and reports test results, and completes and forwards MBCHP data collection forms. The primary health care provider refers the client for additional diagnostic tests or consultation if necessary.

Provider Liaison

The MBCHP administrative sites serve as a liaison between enrolled medical service providers and the MBCHP state office. In this capacity and on behalf of the Montana

Department of Public Health and Human Services and the MBCHP, the administrative site is a provider's local contact for screening support services, client information, and reporting. The MBCHP provider liaisons will:

- identify and recruit all potential medical service providers.
- enroll medical service providers.
- train enrolled medical service providers and their staff on CDC and MBCHP guidelines for screening, billing procedures, data collection, and reporting.
- communicate with enrolled medical service providers about client test results.
- receive and review MBCHP data collection forms submitted by enrolled medical service providers.
- forward data collection forms to the MBCHP.
- assist the billing vendor in resolving claims and reporting problems.
- ensure that enrolled medical service providers comply with MBCHP clinical screening guidelines.

Screening and Rescreening Goals

The MBCHP's screening goal refers to providing, over a defined period of time, comprehensive breast and cervical cancer early detection screening to a specific number of women. A specific goal is set individually for each administrative site. Rescreening refers to providing subsequent breast and cervical cancer screening (rescreens) annually or as indicated.

Screening Support Services

Client Case Management *

Client case management is the component of the MBCHP that establishes, brokers, and sustains the system of clinical services (screening, diagnostic and treatment) and support services provided to MBCHP clients.

Client Intake

Client intake means to determine the eligibility of individual clients, based on their age and financial status, regardless of whether the intake results in a screening.

Client Referral

Client referral means to provide a client with a list of enrolled medical service providers from which to choose, or in the case of a cancer diagnosis, refer a client to the Montana Breast and Cervical Cancer Treatment Program.

Client Tracking and Follow-up*

Client tracking and follow-up means to assist a client who has received abnormal screening results in obtaining diagnostic services, and, if necessary, treatment.

Tracking and follow-up also includes ensuring that accurate and complete data collection forms are forwarded in a timely manner to the MBCHP Data Manager.

One-to-One Outreach

Client outreach means to communicate with current or potential clients, their friends and family to:

- provide health education about the early detection of breast and cervical cancer.

- identify women who might be eligible to participate in the MBCHP through targeted activities that identify potential clients with a specific recruitment message.
- determine a woman's eligibility.
- enroll new MBCHP clients.

One-to-One outreach is a twofold activity. It encompasses both recruitment efforts and screening efforts.

1:1 Recruitment – interpersonal interactions that target women who will receive a specific recruitment message and target the public education message for subsets of women. The target population of women ages 50-64, 200% poverty level, etc. can be broken into many subsets of women. A subset should be defined by local demographic information.

Examples of subsets are:

- Women ages 50-55 who are still in the workforce.
- Women ages 55-60 with mental illness.
- Women ages 60-64 who are rural ranch women.
- Women ages 50-55 who are American Indian.
- There are many other subsets of women that may be a priority.

Identify the subset of women, determine how to get the message to the subset, design a targeted message for the subset of women, and then initiate the effort to deliver the message.

1:1 Screening – one-to-one support services include making a home visit, having the woman make an office visit, or otherwise having initial personal contact with the woman to initiate screening. Further support services may include making the woman's calling the woman after the appointments to assess for appointment compliance, abnormal results and whether the experience was a positive one. This outreach activity assures each woman moves through the screening process in a timely manner, helps with the initiation of case management, and gives the administrative site the ability to evaluate their interpersonal interactions.

After recruitment, initiate screening with interpersonal contact, assist with appointment scheduling, and interpersonal follow-up to determine appointment outcome.

Target Population

The MBCHP's target population consists of women who:

- are 50 to 64 years of age.
- are uninsured or underinsured.
- have a family income at or below 200 percent of the current Federal Poverty Level scale (see Appendix D).
- belong to racial, ethnic, and cultural minorities, have disabilities, or who live in rural and frontier counties of Montana.
- women rarely (who have not had a Pap test within the past 5-years) or never screened for cervical cancer

*A key difference between case management and tracking and follow-up is that case management refers to a broader system and should be provided in “real time”. A plan should be developed for the client addressing her needs and access barriers, and coordination or brokering services provided to assure diagnostic and/or treatment services are accessed in a timely manner. Tracking involves data systems to monitor a client's receipt of services. Tracking is not conducted in “real time”. Follow-up can occur as

part of case management or tracking because it involves the actual provision of clinical services following an abnormal screening result and/or diagnosis of cancer.